

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dorothy Adams

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1901	8	6	1				
Sex	Female	Color or Race	col.	Birth-place	Md.		
Occupation	Wife	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Lott H Adams		✓		Father's Birthplace	Md.	
Mother's Maiden Name	Leah Gandy		✓		Mother's Birthplace		
Name of person giving information	Walker		✓		How related to deceased		

CAUSES OF DEATH

105

Primary Cholera Bifidum -
Exhaustion

How long
24 hours

How long
2 weeks

Immediate

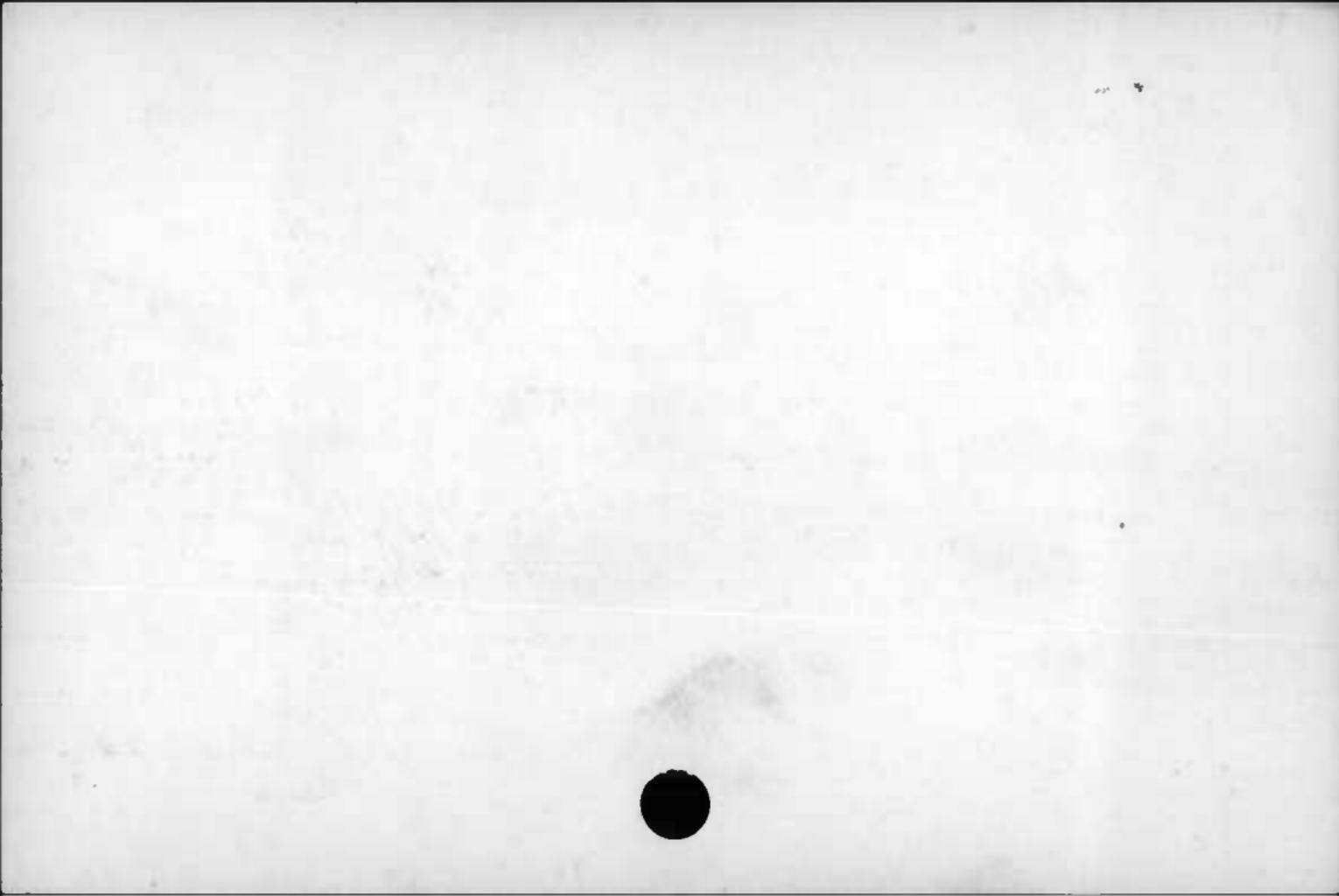
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. W. Willard

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Arthur Aydelotte

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lloyd Aydelotte ✓			Father's Birthplace	" "
Mother's Maiden Name	Mary E. Lane			Mother's Birthplace	" "
Name of person giving Information	Lloyd Aydelotte			How related to deceased	Father

CAUSES OF DEATH

104

How long

3 weeks

How long

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

Immediate

exhaustion

Are the name, age, sex, color, date and place correctly given above?

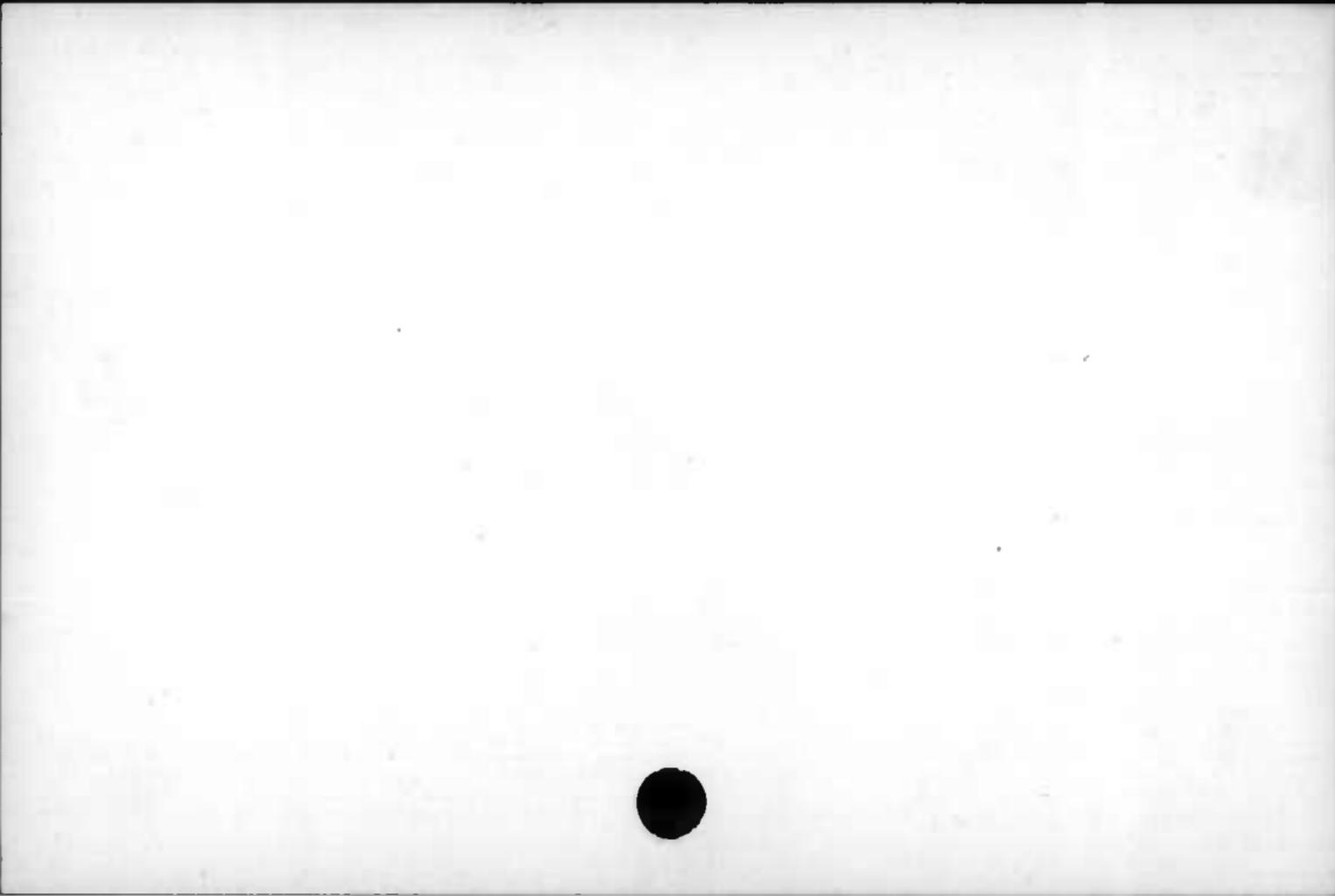
yes

Signature of Physician

Address

Samuel Green
Paramore

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

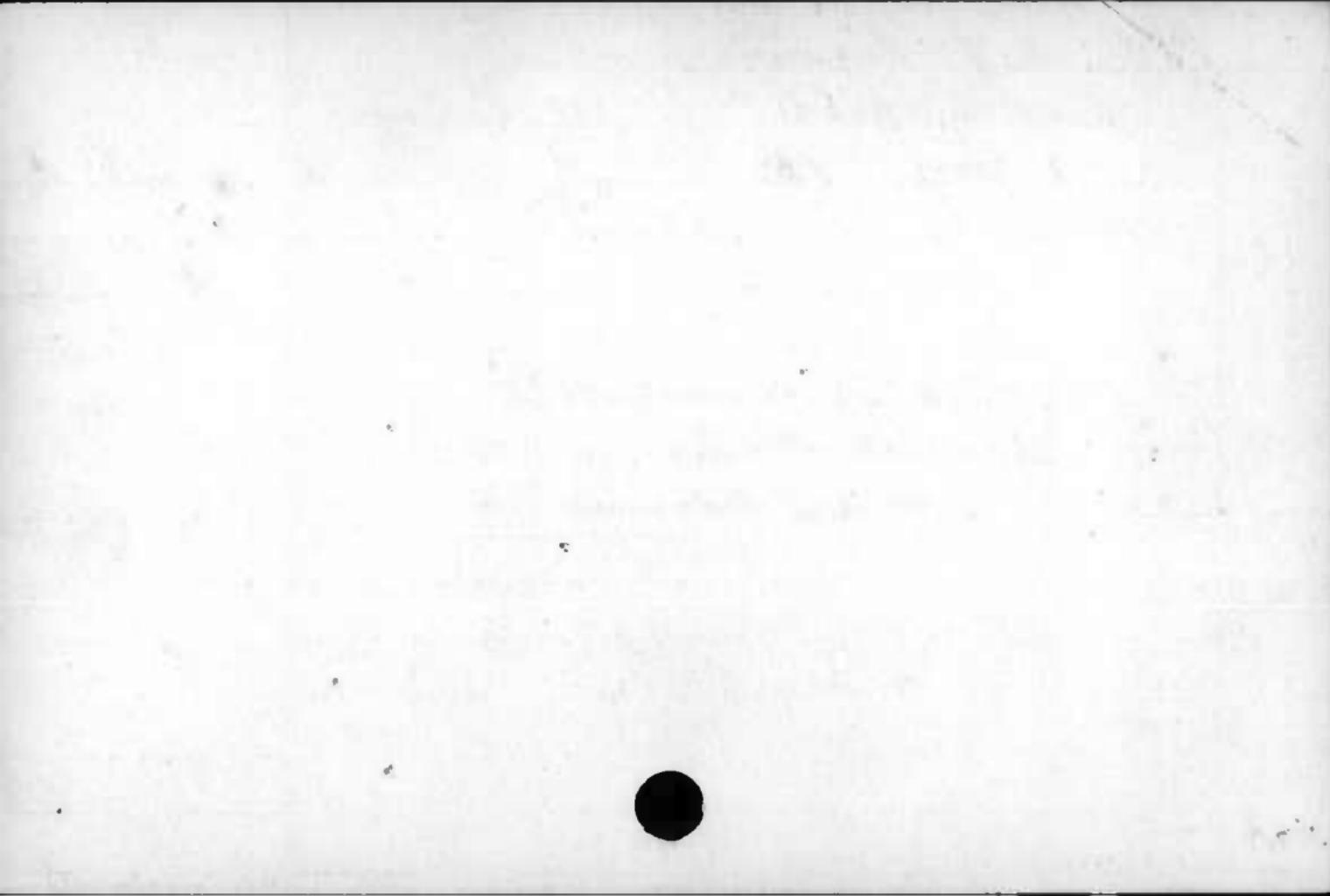
Wm B D Boninville Jr.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	4	8		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed							
Father's Name	Wm B D Boninville					Father's Birthplace	
Mother's Maiden Name	Mollie Hales					Mother's Birthplace	
Name of person giving information	Wm B D Boninville					How related to deceased	

CAUSES OF DEATH

Primary	Meningitis	(61)	How long
Immediate	Meningitis		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
Accident or Suicide?		Neither.	



Name
in
Full

Louis A. Borriville

CERTIFICATE OF DEATH

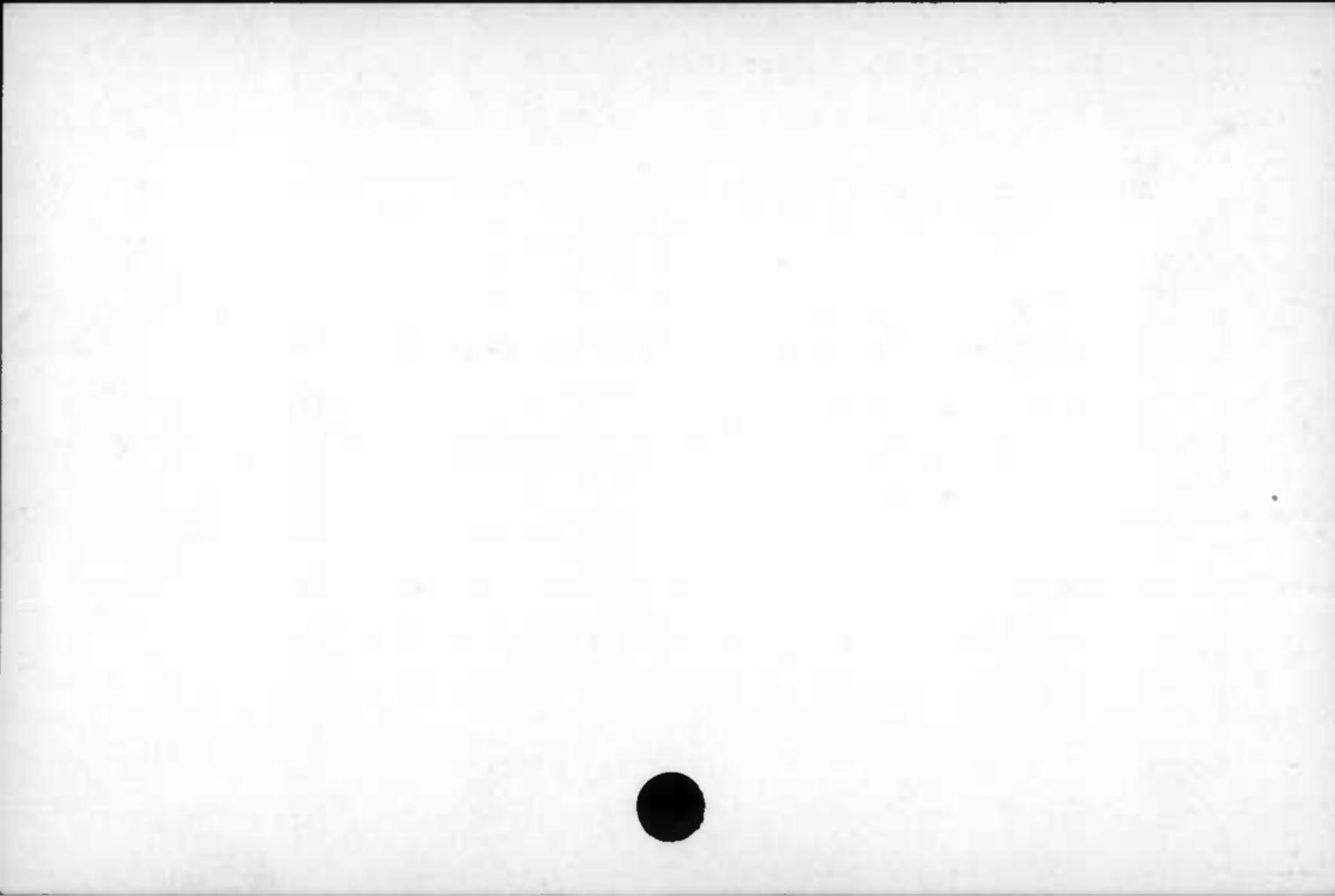
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month Aug	Day 2	Years 4	Months 4	Days 10	
Sex male	Color or Race white	Birth-place Md					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Coral Borriville					Father's Birthplace Md	
Mother's Maiden Name	Elizabeth K Bradford					Mother's Birthplace Md	
Name of person giving information	Coral Borriville					How related to deceased father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	151	How long
Immediate	confinement		How long 4 mo
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Address
Accident or Suicide?		nothin	



Name
in
Full

Bertha Buddell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Paul Buddell			
Father's Name	John Paul Buddell				
Mother's Maiden Name	Berlin Md.				
Name of person giving Information	Berlin Md.				
John Buddell					

CAUSES OF DEATH

129

How long

1 or 2 days

How long

3 days

PHYSICIAN
OR CORONER

Primary

A large fibrous tumor.

Immediate

Mechanical delay, right side 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

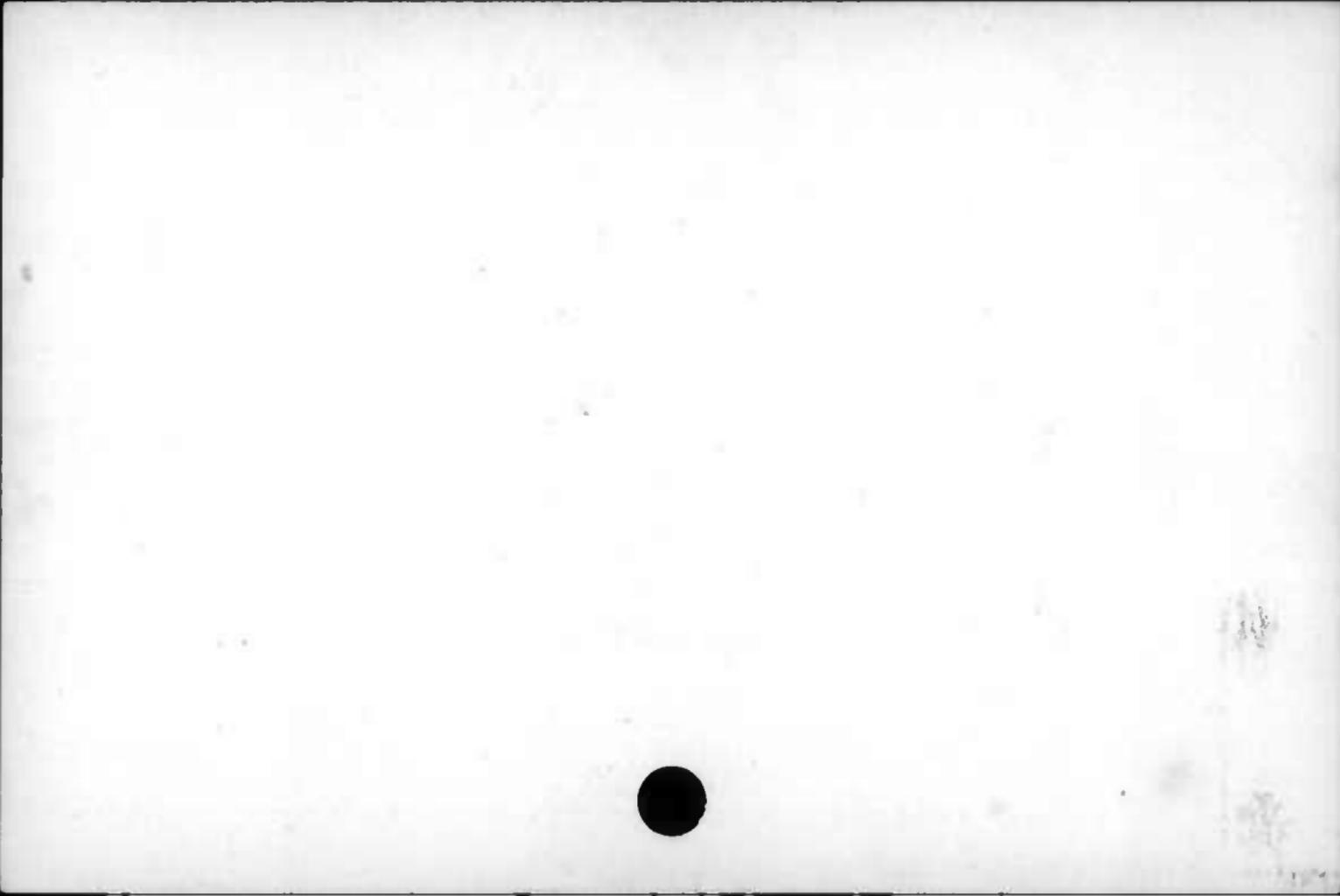
JR

Edw Holland

Berlin

Md

Accident or Suicide?



Name
in
Full

No Name

Bridgell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	Worcester	
Date of death	Month	Day	Age	Years	Months	Days
1907	8	15	0	0	0	0
Sex	Male	Color or Race	Bla.	Birth-place	Baltimore	
Occupation	O	Where Residing if not at place of death 8 Mulberry				
Married, Single or Widowed	Name of Wife or Husband		(S)	Father's Birthplace	Baltimore	
Father's Name	Geo Paul Bridgell			Mother's Birthplace	Baltimore	
Mother's Maiden Name	Bertha Fossat			How related to deceased	none	
Name of person giving information	The Holler &					

CAUSES OF DEATH

(S)

How long

How long

PHYSICIAN
OR CORONER

Primary

A large fibroid tumor on uterus

Immediate

Shagreen ot Burk

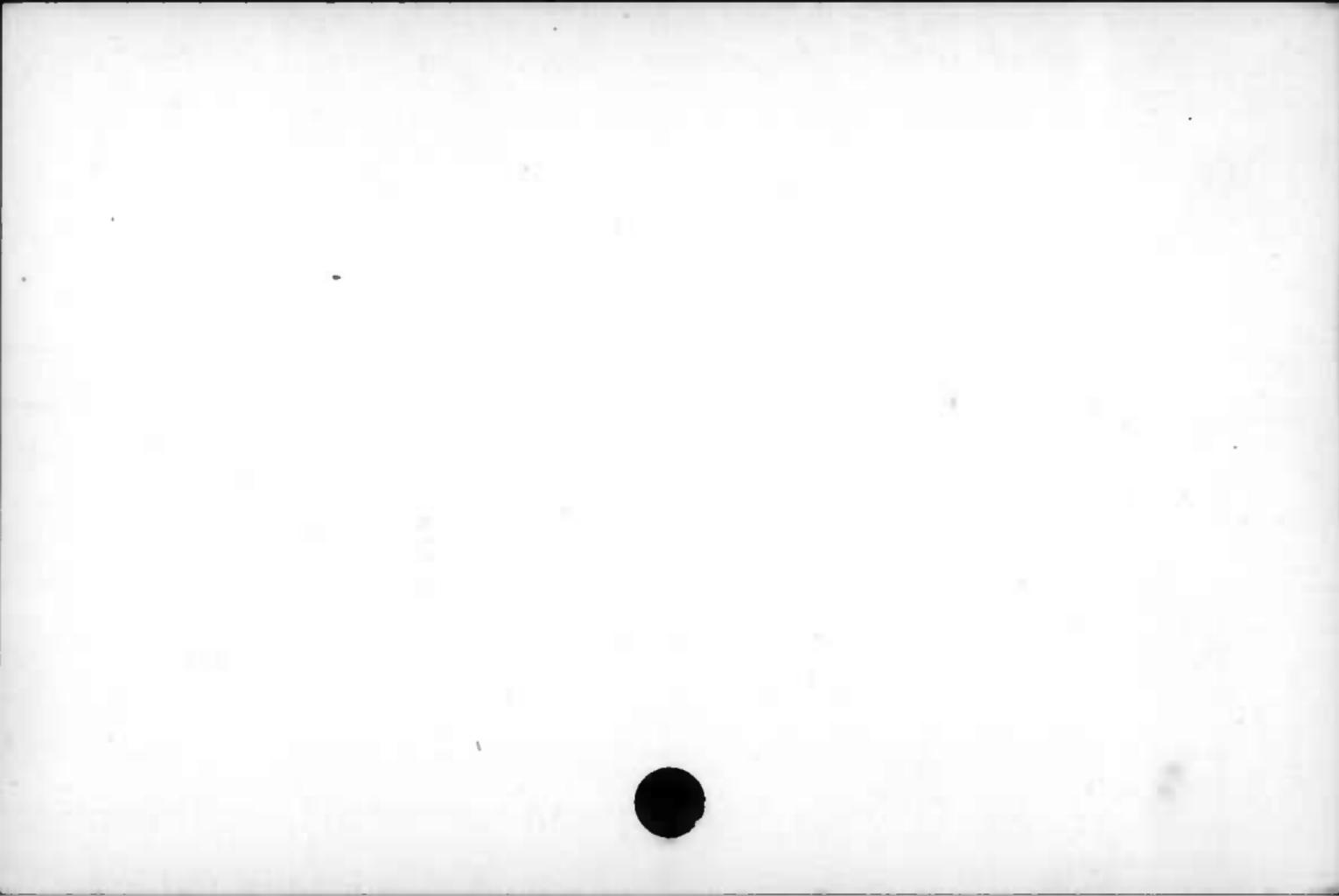
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

The Holler &
Baltimore
Md

Murder or Suicide?



Name
in
Full

Phenrella Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Gwynedd</u>		Town <u>Worcester</u> County		MARYLAND	
Date of death <u>1907 Aug</u>	Month <u>Aug</u>	Day <u>4</u>	Age <u>79</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birthplace <u>Maryland</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>William Brittingham</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Tally Brittingham</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Lee Bradford</u>			How related to deceased <u>Sister-in-Law</u>		

CAUSES OF DEATH

41

How long

9 months

How long

Primary

Carcinoma of Intestines

Immediate

Are the name, age, sex, color, date and place correctly given above?

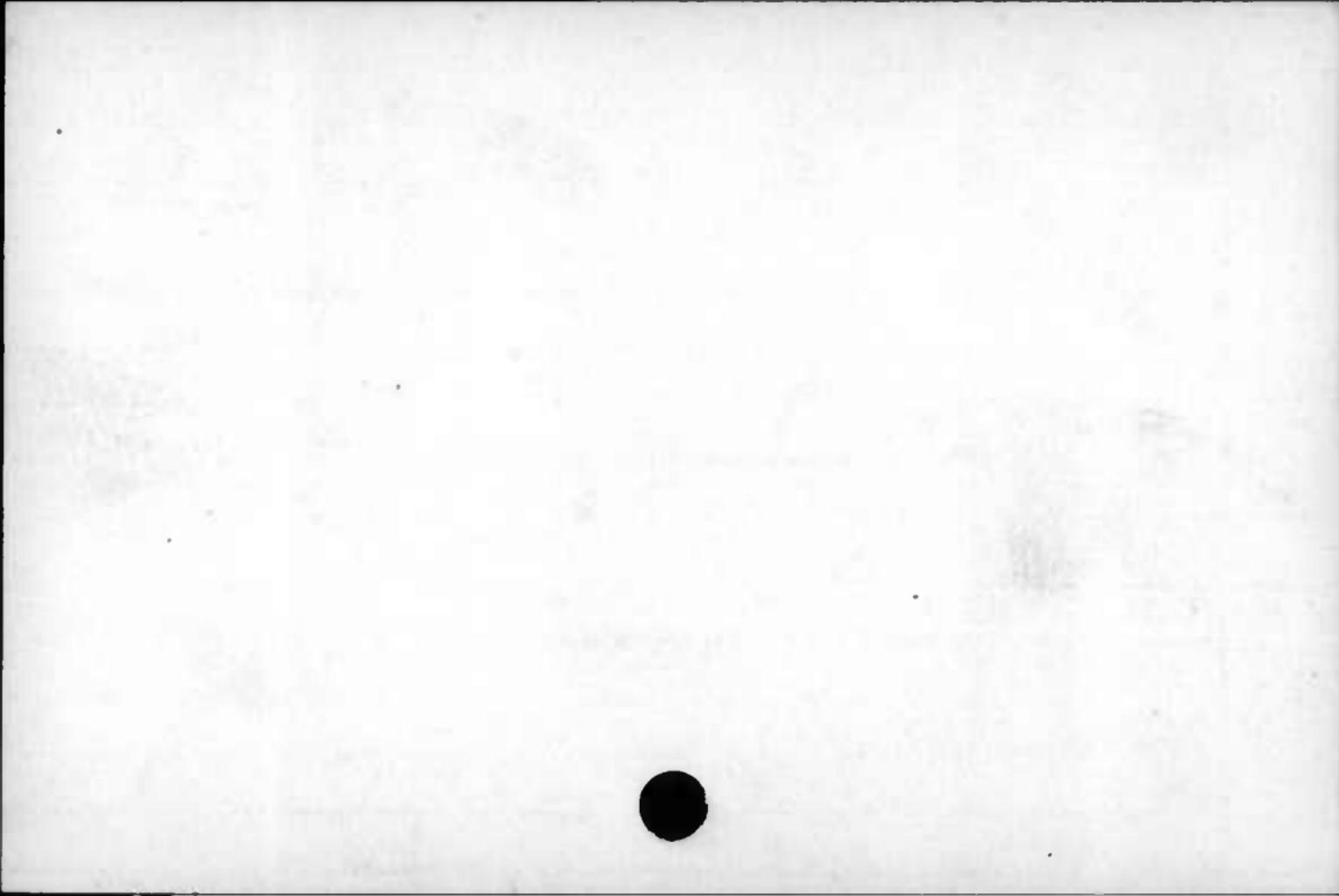
Yes

Signature of Physician

Address

J. A. Fyraer
Brittingham
Ind

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

James H. Collins

Town

County

Died at

Stockton

Worcester

MARYLAND

Date
of death 190

Month

Day

Years

Months

Days

7 Aug

20

Age 69

1

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of death

Stockton Md.

Married, S-
WidowedName of Wife or
Husband

Leah E. Collins

Father's
BirthplaceFather's
Name

James H. Collins

Md.

Mother's
Maiden Name

Susan Payner

Md.

Name of person giving
Information

George H. Collins

How related
to deceased

Daughter

CAUSES OF DEATH

14

How long

Primary

Dysentary & Exhaustion

3 weeks

Immediate

Exhaustion

2 days

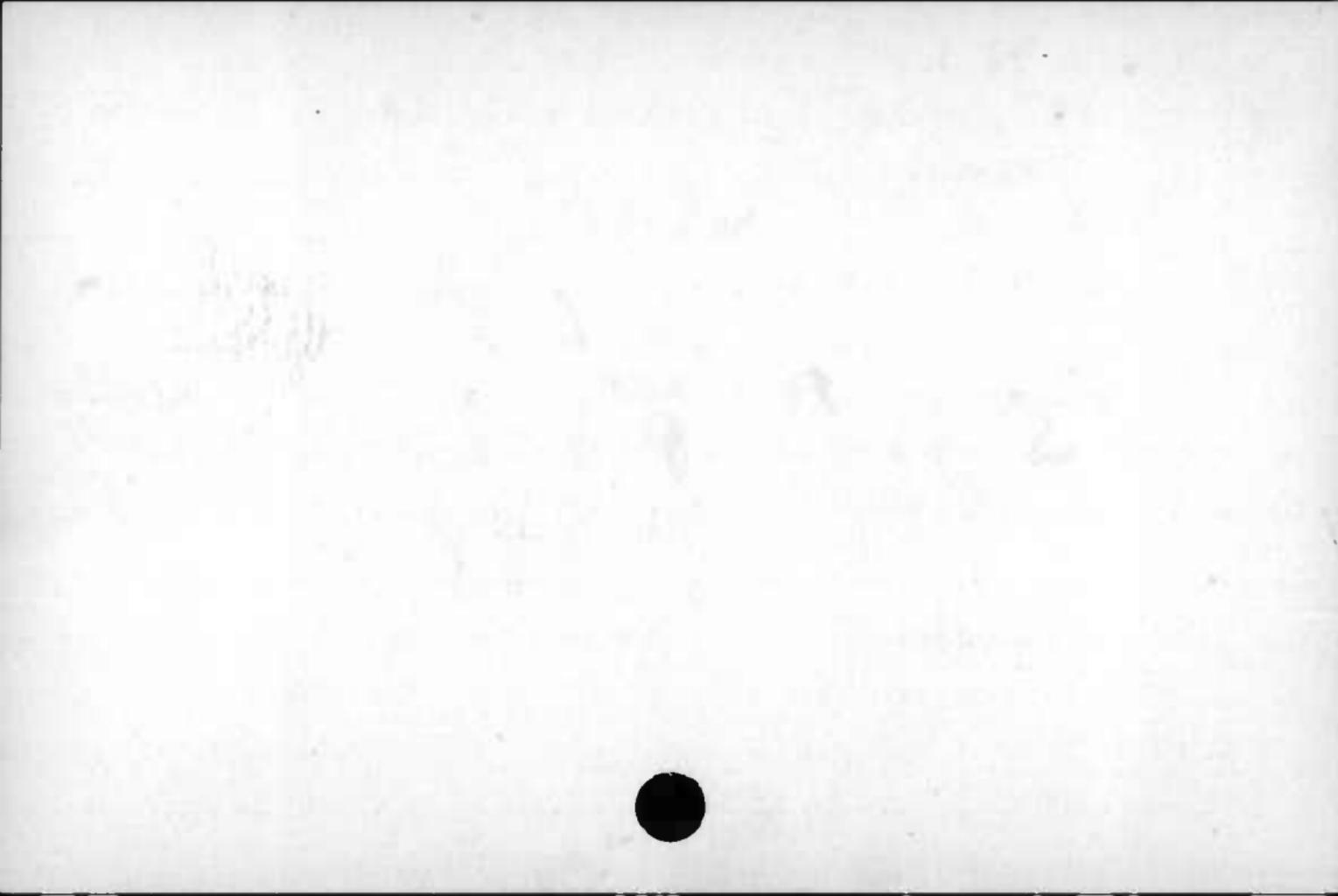
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Wm. O. Payner, Jr.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Nermona Cooper

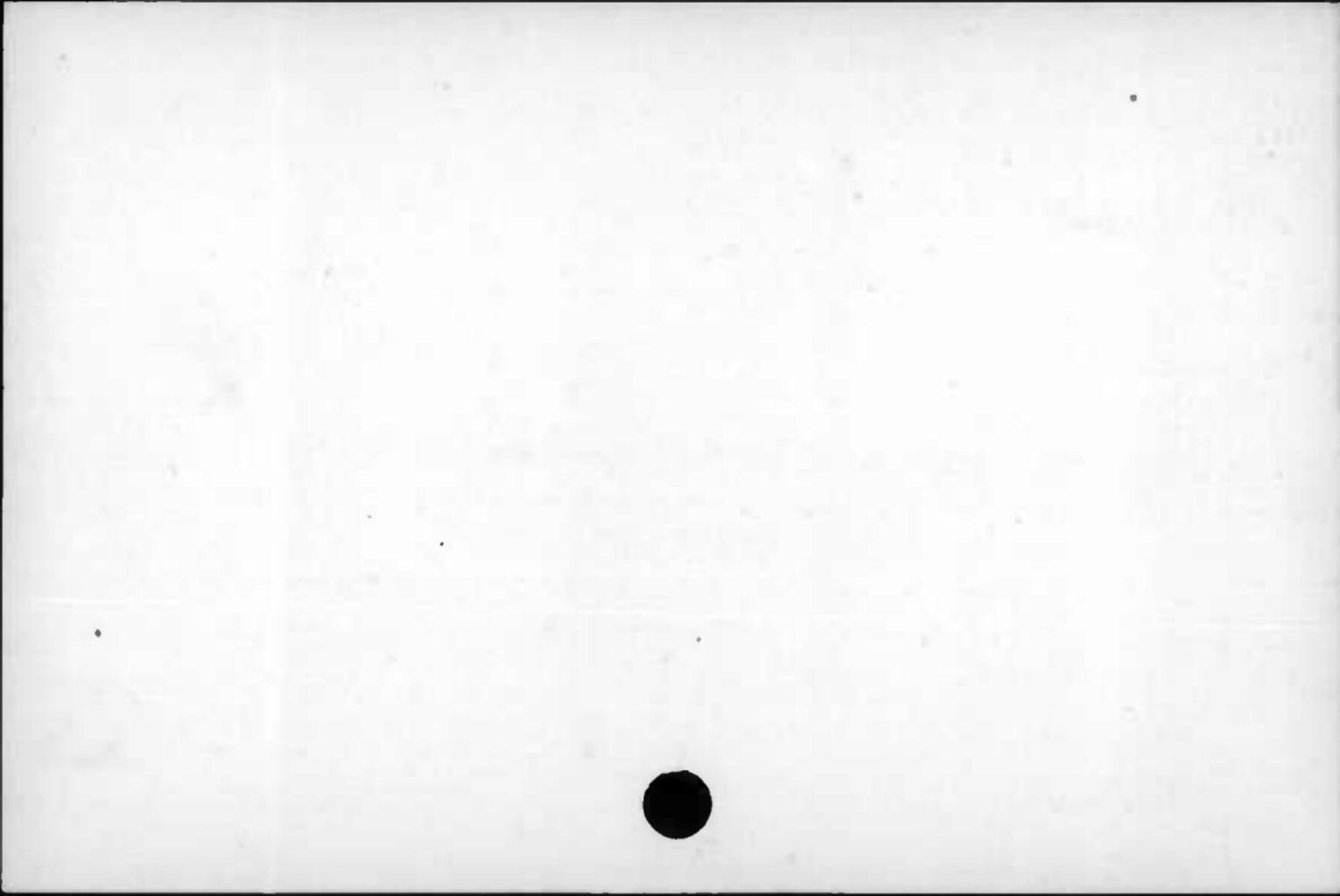
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death			at my home		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			Maryland	
Father's Name	Mother's Birthplace			Mo	Mo	
Mother's Maiden Name	How related to deceased			Sister of mother		
Name of person giving information						
CAUSES OF DEATH						
Primary	(105)			How long		
Immediate	one week			How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	By Raynor to * Bishopville Md.



Name
in
Full

Chas N Crockett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	Age	Birth-place			
Married, Single or Widowed	Name of Wife or Husband	Father's Name			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information	Ella Crockett	How related to deceased			

1907 Aug. 7 53 - -
Male White Poconos, Pa.
Ship builder Ella Crockett
Married Daniel Crockett Somerset Co Md.
Sarah Fitzgerald Worcester Co Md.
Ella Crockett wife

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary

Falinear Heart Disease (Mitral)

How long

6-7 years

Immediate

Ruptured Compensation

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

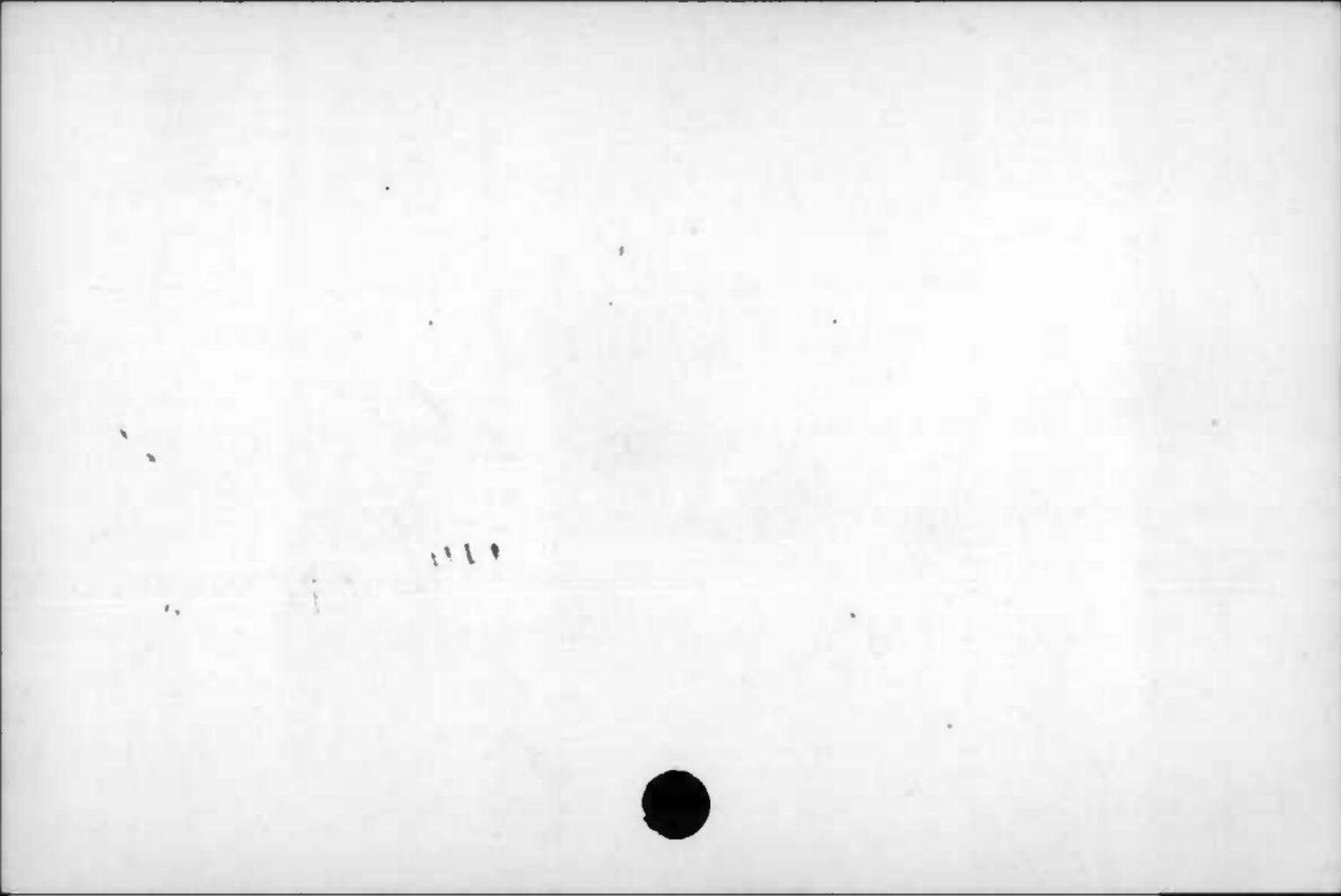
R. Leet Hall

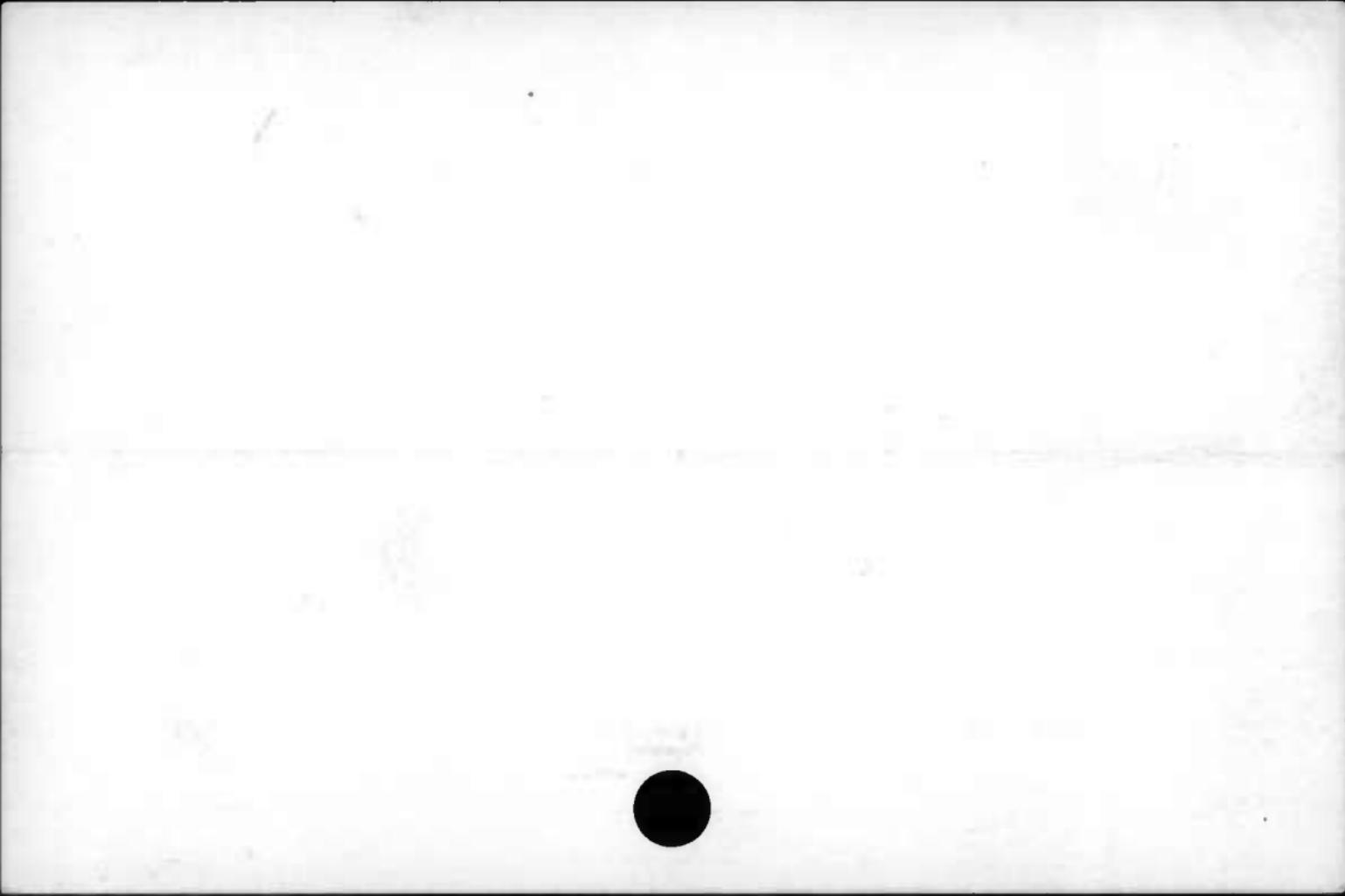
Death was sudden

Address

Poconos City, Pa.

Accident or Suicide?





Name
in
Full

Harry E. Hadder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at New Berlin

Town

County

Worcester

MARYLAND

Date
of death 1907

Month

Day

Years

Months

Days

Aug

21

Age

5

Sex

Male

Color or
Race

White

Birth
place

Sud

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Hadder

Father's
Birthplace

Sud

Mother's
Maiden Name

Loring B. Fisher

Mother's
Birthplace

Sud

Name of person giving
Information

Mrs Emmy Davis

How related
to deceased

None

CAUSES OF DEATH

8

How long

5 week

Primary

Hooping cough

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

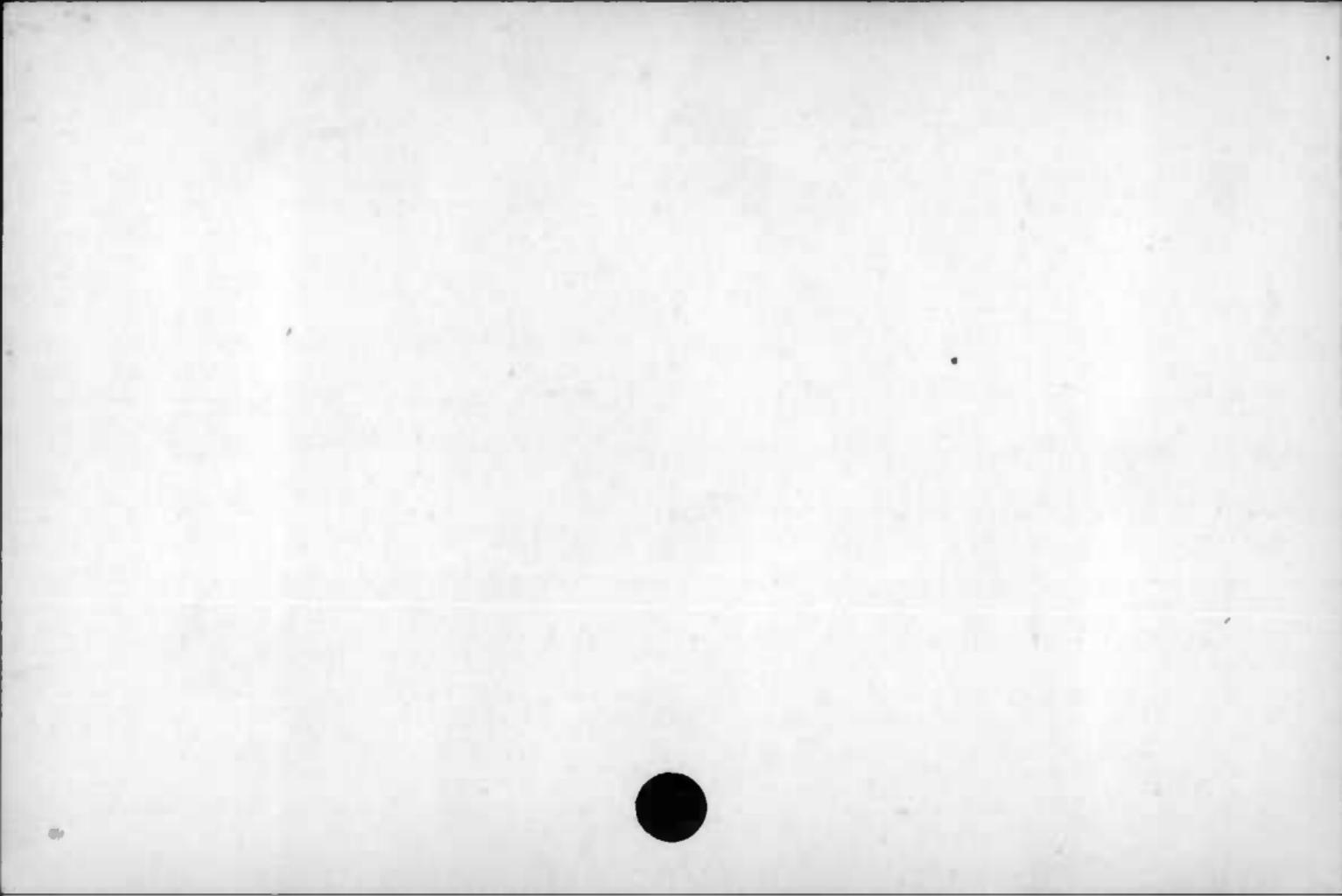
Signature of
Physician

No Shaefer

Address

Dr A Massey
O.K.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary by her self					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	August	21	47	47			
Sex	Color or Race		Birth-place				
Female	White		Maryland				
Occupation	Where Residing if not at place of death		At Home				
Married, Single or Widowed	Name of Wife or Husband		Henry by his wife				
Married	Henry by his wife		Henry by his wife				
Father's Name	Belated Baker		Father's Birthplace		Maryland		
Mother's Maiden Name	Nancy Beckum		Mother's Birthplace		Md		
Name of person giving information	Lizzie Hamblin		How related to deceased		Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

10 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

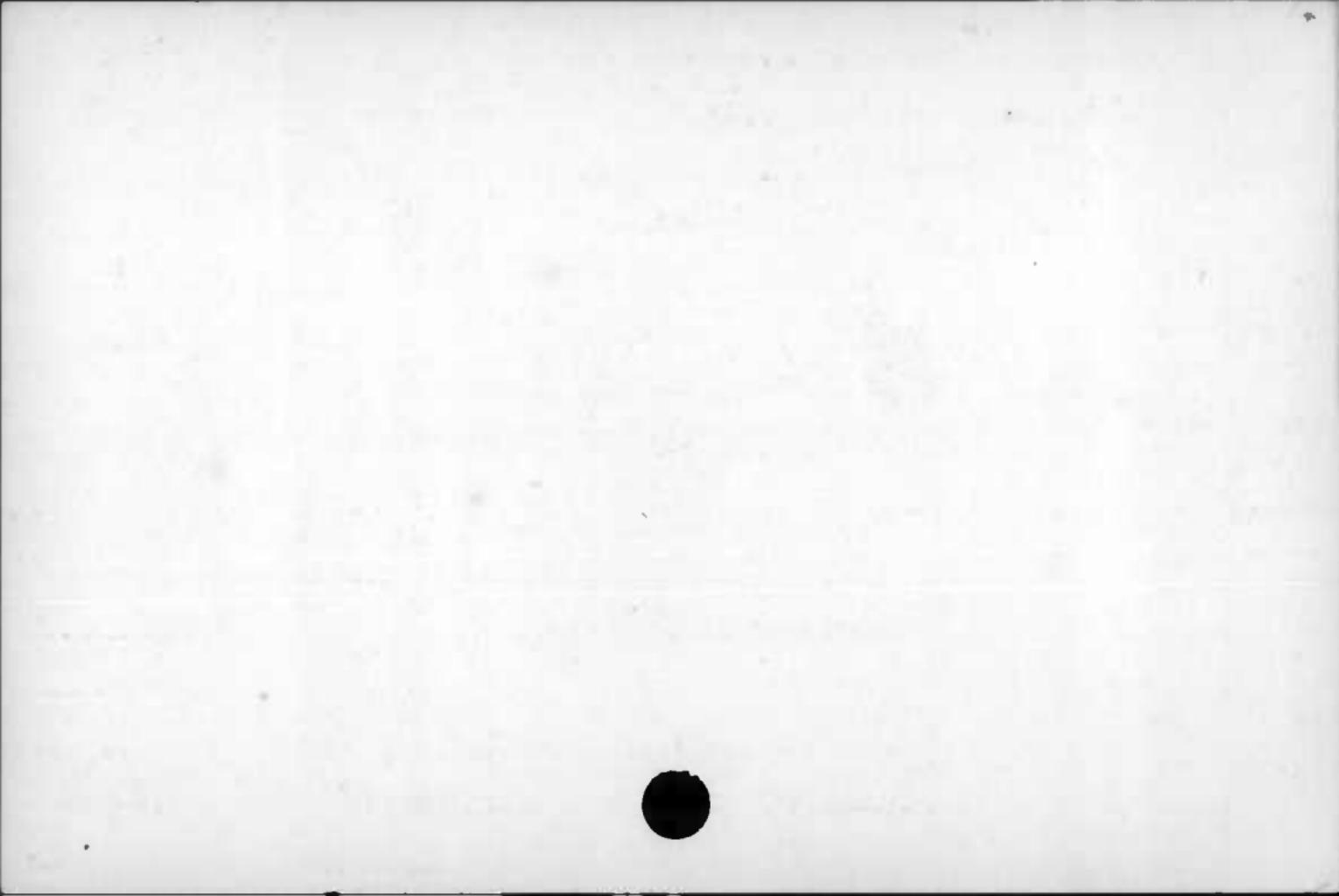
Signature of
Physician

P. Bayou br

Address

Bishopville Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ruth Headley

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1907	Month Aug	Day 29	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					/
Married, Single or Widowed	Name of Wife or Husband					/
Father's Name	John H. Headley					Father's Birthplace Md
Mother's Maiden Name	Polly Ann Curtis					Mother's Birthplace T- ^o
Name of person giving information	Mrs. C. Taylor					How related to deceased House
CAUSES OF DEATH						
Primary	Macassus					How long 179
Immediate	Coughing					How long 4 m

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Wilson
Ocean City

Accident or Suicide?

Hm 9/1-07

Name
in
Full

Paddie Holland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Aug	30	1/2	-	-
Sex	Color or Race	Birth-place			
Female	Colored	Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Female	-				
Father's Name	Father's Birthplace				
Livin Hollard	Md.				
Mother's Maiden Name	Mother's Birthplace				
Annie Mayshaft	Md				
Name of person giving information	How related to deceased				
Edward Collins	None				

CAUSES OF DEATH

(1)

How long

2 weeks

How long

2 days

PHYSICIAN
OR CORONER

Primary

Typhoid fever

Immediate

Intestinal hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

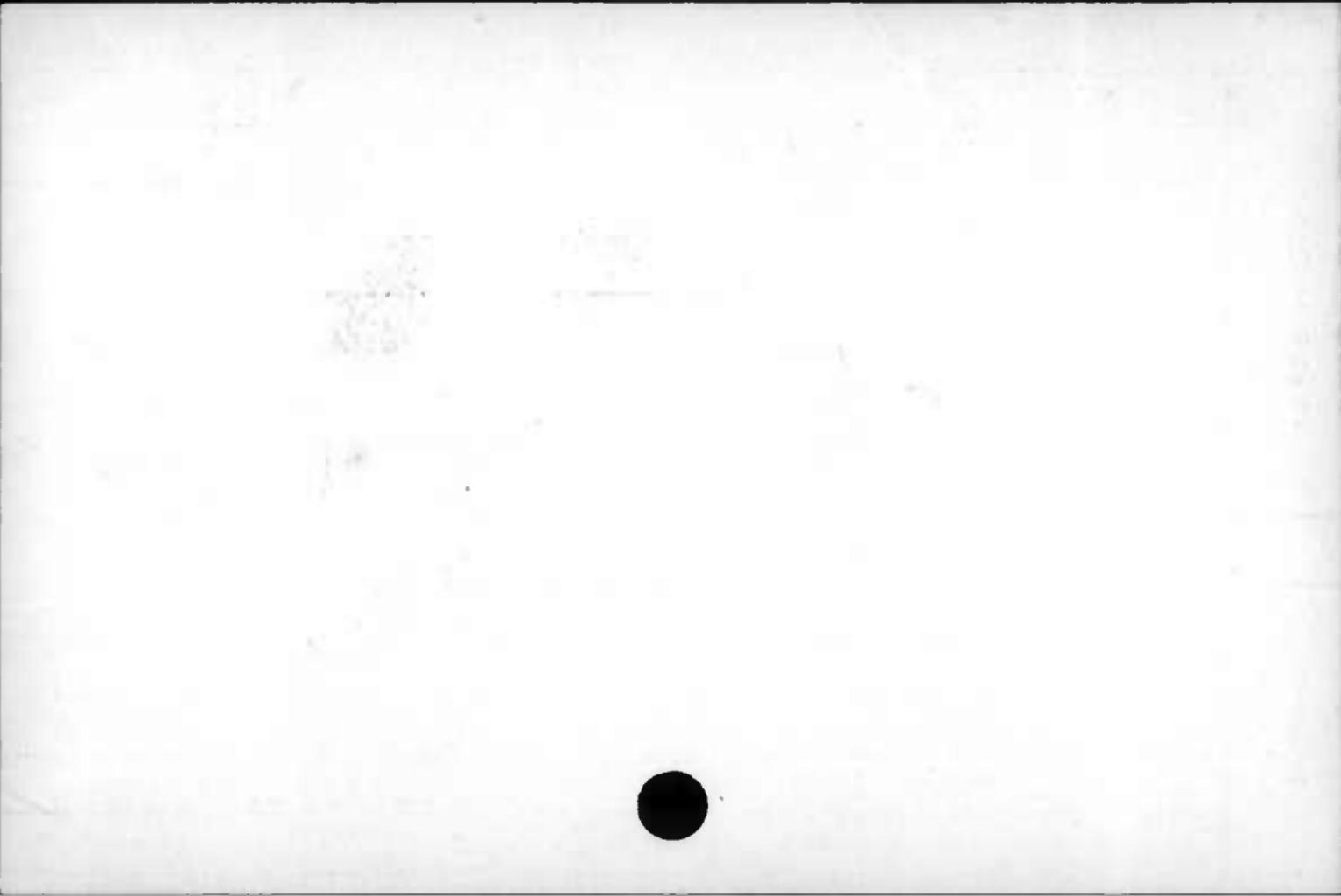
Address

J. D. Dickman

Hoboken

Accident or Suicide?

Wrentham



Name
in
Full

Martin Bernard Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Male		Color or Race	Age		Birth-place	Ocean City - Md
Occupation	X X		Where Residing if not at place of death			Ocean City - Md	
Married, Single or Widowed	X X		Name of Wife or Husband				
Father's Name	Benjamin Swanton Long		✓ Father's Birthplace			Swedesboro	
Mother's Maiden Name	Anna Virginia Ludlam		Mother's Birthplace			New Jersey	
Name of person giving Information	Benjamin S. Long		How related to deceased			Father	

CAUSES OF DEATH

14

How long

9 months

How long

About 20 days.

PHYSICIAN
OR CORONER

Primary

Bottle fed baby

Immediate

Dysentery

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

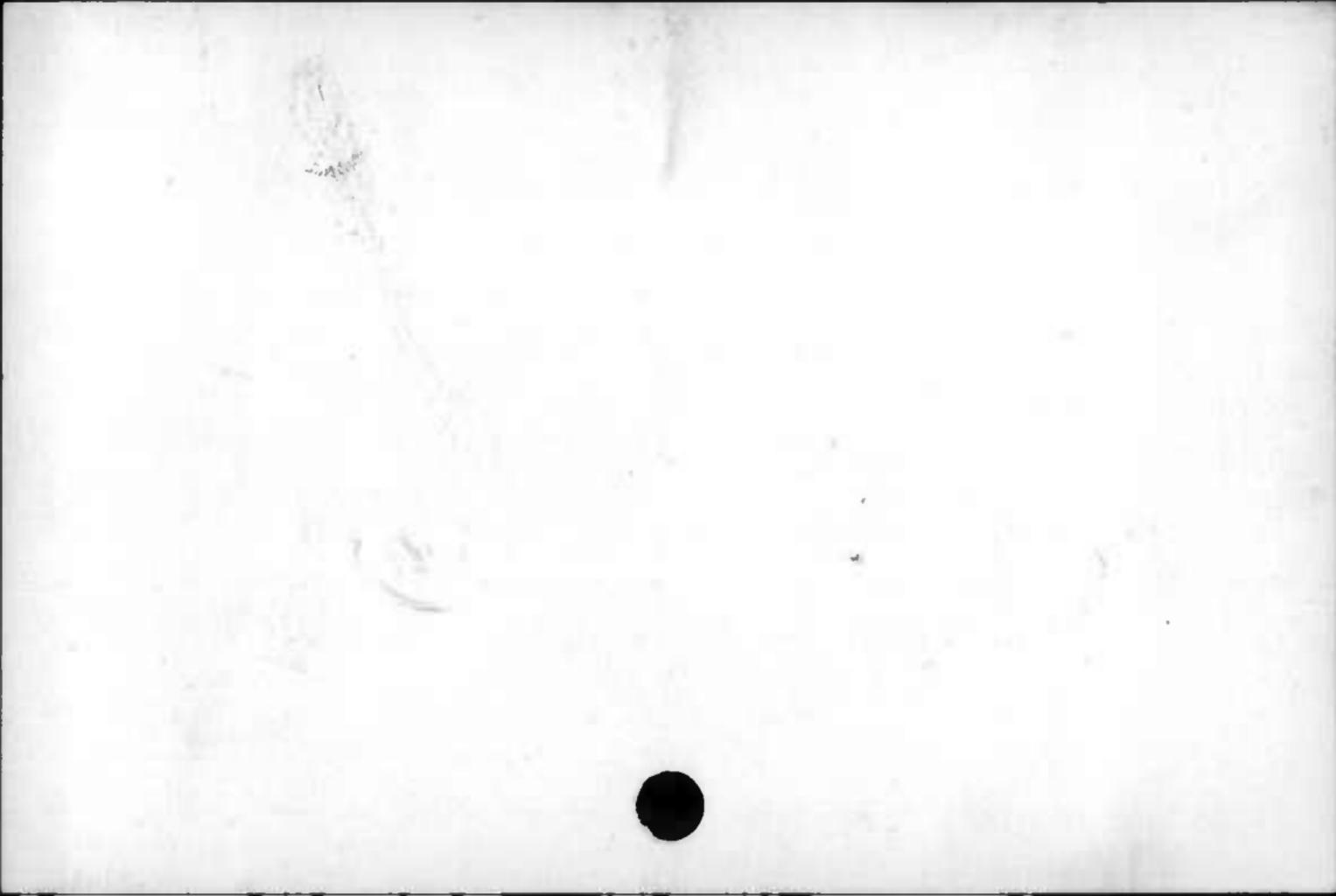
Address

J. S. Basett M.D.

Ocean City - Md.

D A. Massey

Accident or Suicide?



Name
in
Full

Karl E. Loner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace			1	
Mother's Maiden Name	Mother's Birthplace			Accomac Co Va	
Name of person giving information	How related to deceased			Father	

1907 Aug 7 1 11 " "

Female colored

Occupation: drayman

Married, Single or Widowed: " Name of Wife or Husband: —

Father's Name: Samel Long Father's Birthplace: " 1

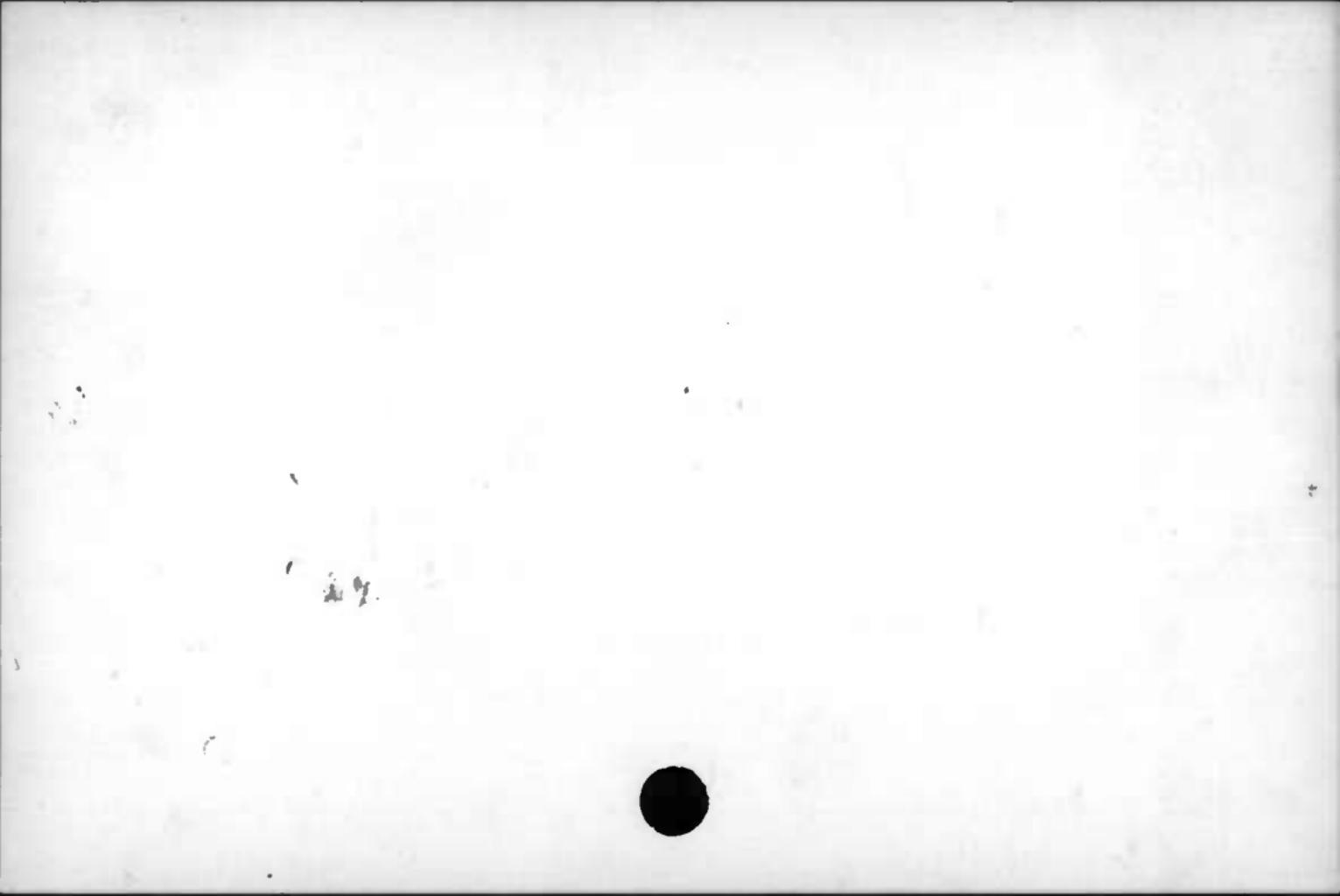
Mother's Maiden Name: Lulu Williams Mother's Birthplace: Accomac Co Va

Name of person giving information: Samel Long How related to deceased: Father

CAUSES OF DEATH

(6)

Primary	Malaria fever + Miasles		How long
Immediate	Congestion & Convulsion		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Yes	Jesse J. Sodium	Postmoke city Md	
Accident or Suicide?			



Name
in
Full

William Long

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	37	4	23
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Margaret - Long			
Father's Name	Henry Long				
Mother's Maiden Name	Annie Long				
Name of person giving information	Manion Hargrave				

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary

Immediate

General Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. J. O. Truitt-

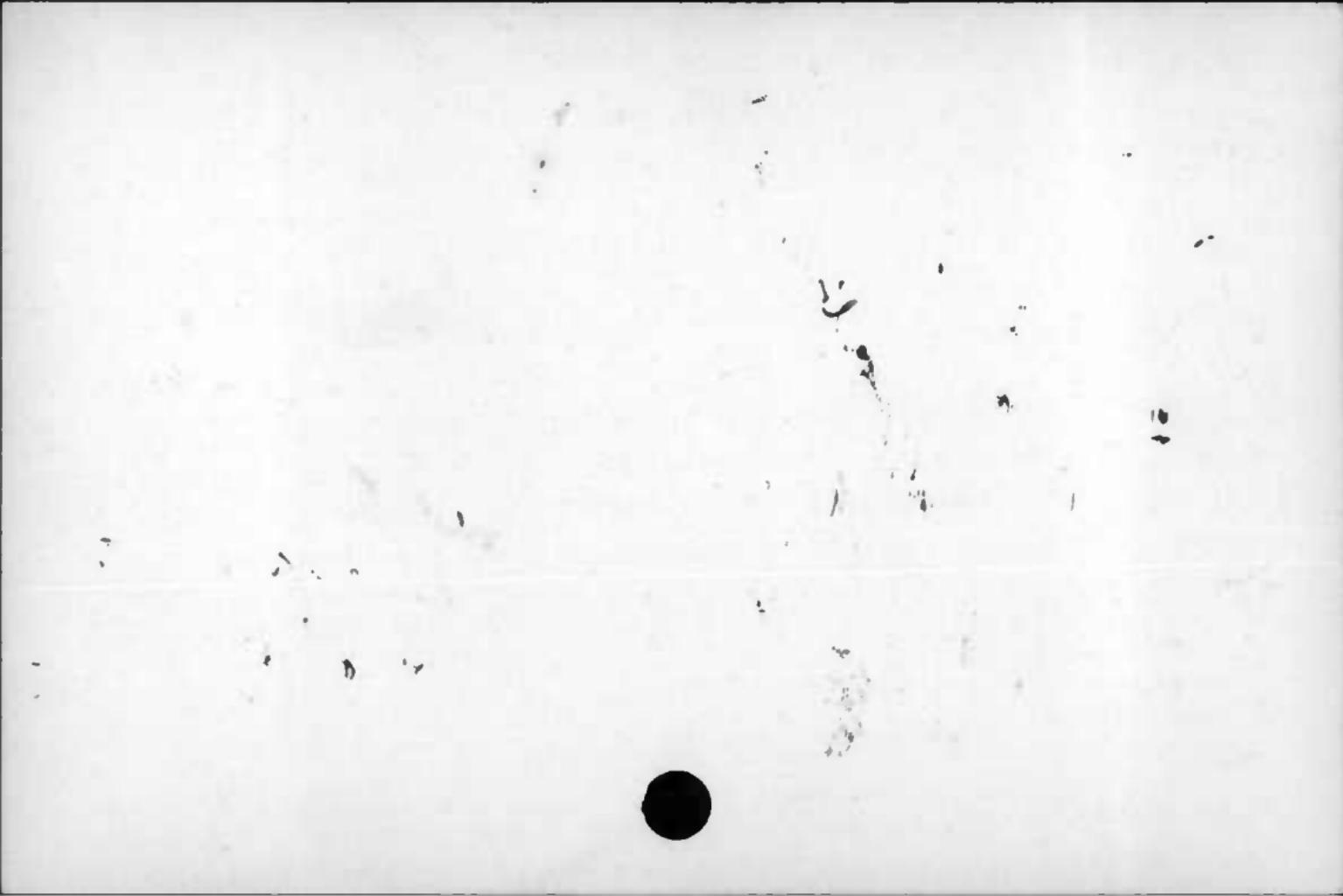
Address

Pocomoke City

Maryland

1

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

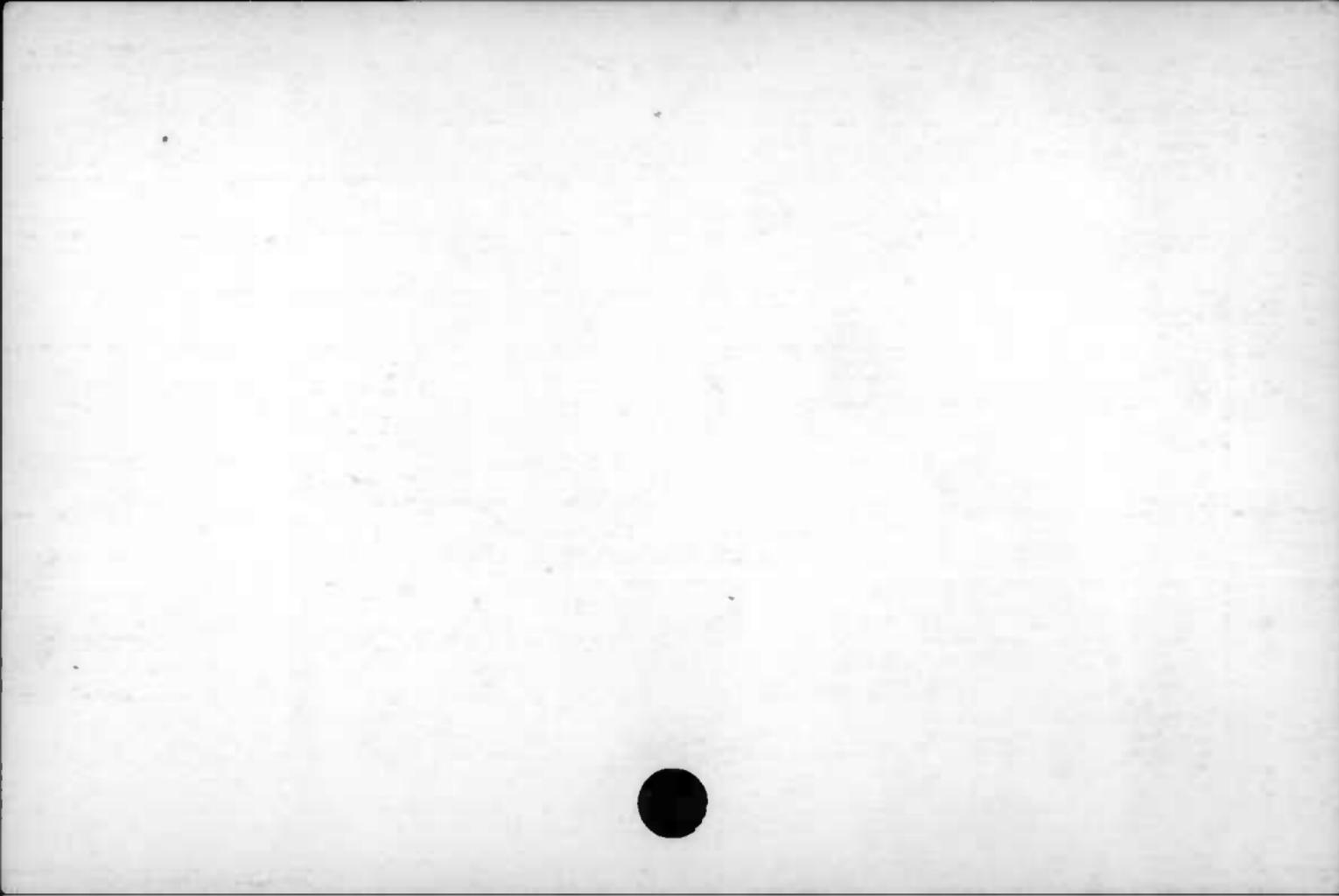
PHYSICIAN
OR CORONER

Dally Manual				CERTIFICATE OF DEATH		
Died at <u>Altofts</u> Town		County <u>Worcester</u>		MARYLAND		
Date of death <u>1907 Aug 11</u>	Month	Day	Age <u>86</u> Years	Month	Days	
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Tuva</u>				
Occupation <u>House-wife</u>	Where Residing if not at place of death -					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William Manual</u>					
Father's Name <u>Harrison</u>	Father's Birthplace <u>Nic</u>					
Mother's Maiden Name <u>Dirtiger</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>Edward J Manual</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

(14)

Primary <u>Dysentery</u>	How long <u>10 Days</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>4 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. D. Dyebsen</u>
	Address <u>Altofts</u>
Accident or Suicide?	



Name
in
Full

Francis Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Aug	Day 31	Years 9	Munths 9	Days "
Sex Male	Color or Race colored	Birth-place Pademetheray			
Occupation infant	Where Residing if not at place of death				
Married, Single or Widowed "	Name of Wife or Husband —	Father's Birthplace " "			
Father's Name Asbury Marshall	Mother's Birthplace Worcester Co				
Mother's Maiden Name Emily Douglas	How related to deceased Father				
Name of person giving Information Asbury Marshall					

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary

Zyphroid fever

How long

Two weeks

Immediate

exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

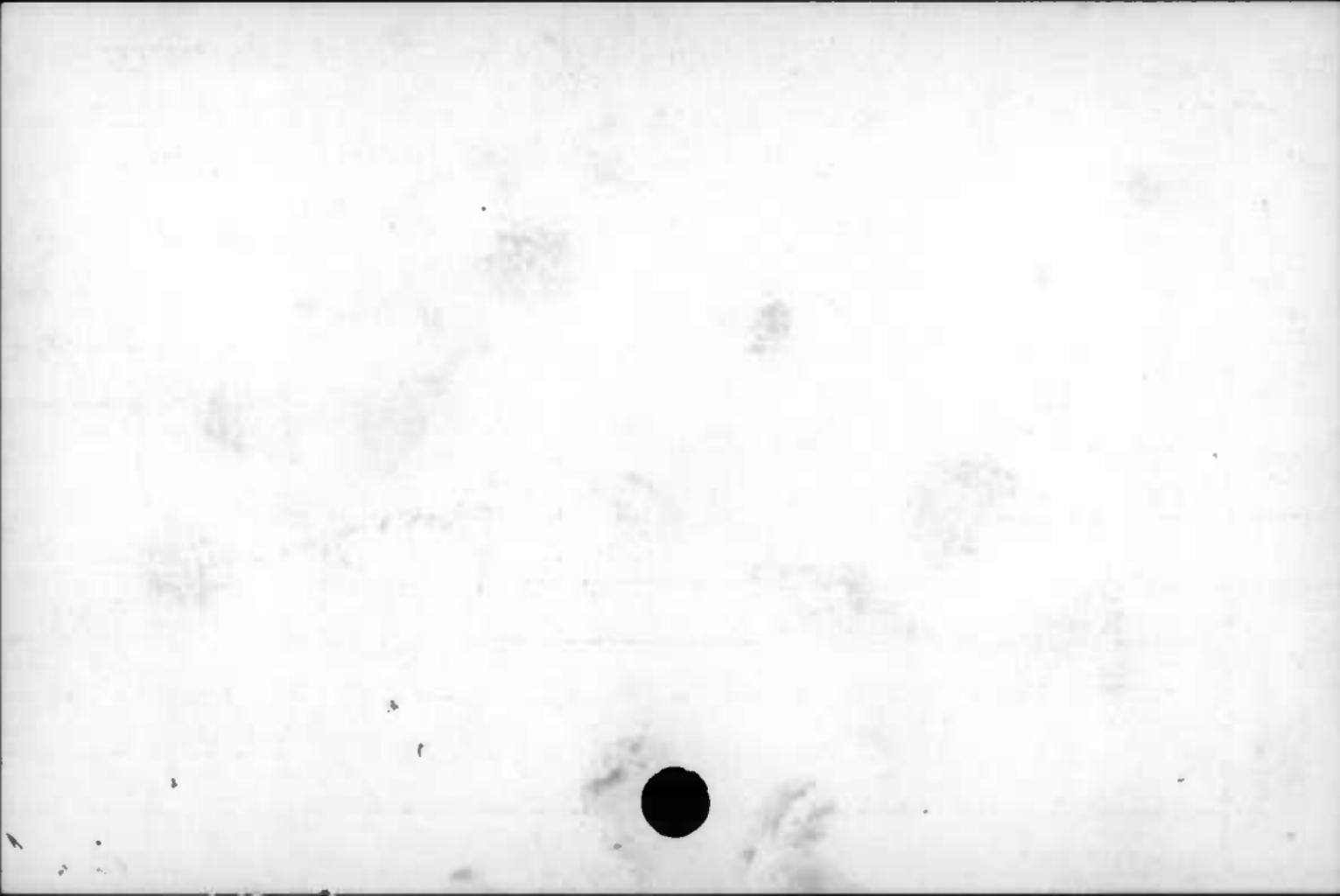
Yes

Signature of Physician

Address

Saint Agnes
Pademetheray

Accident or Suicide?



Name
in
Full

James Hooper Mc Grath

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1907	Aug	78	11 26
Sex	Color or Race	Birth-place	
Male	White	Worcester Co. Md.	
Occupation	Where Residing if not at place of death		
Farmer			
Married, Single or Widowed	Name of Wife or Husband	Lydia A. Mc Grath	
Married	Lydia A. Mc Grath	Father's Birthplace	Worcester Co. Md.
Father's Name	William Mc Grath	Mother's Birthplace	not known
Mother's Maiden Name	Not Known	How related to deceased	Wife
Name of person giving Information	Lydia A. Mc Grath	(18)	

CAUSES OF DEATH

Primary

Erysipelas in shoulder arm

How long

3 months

Immediate

Enter. colitis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

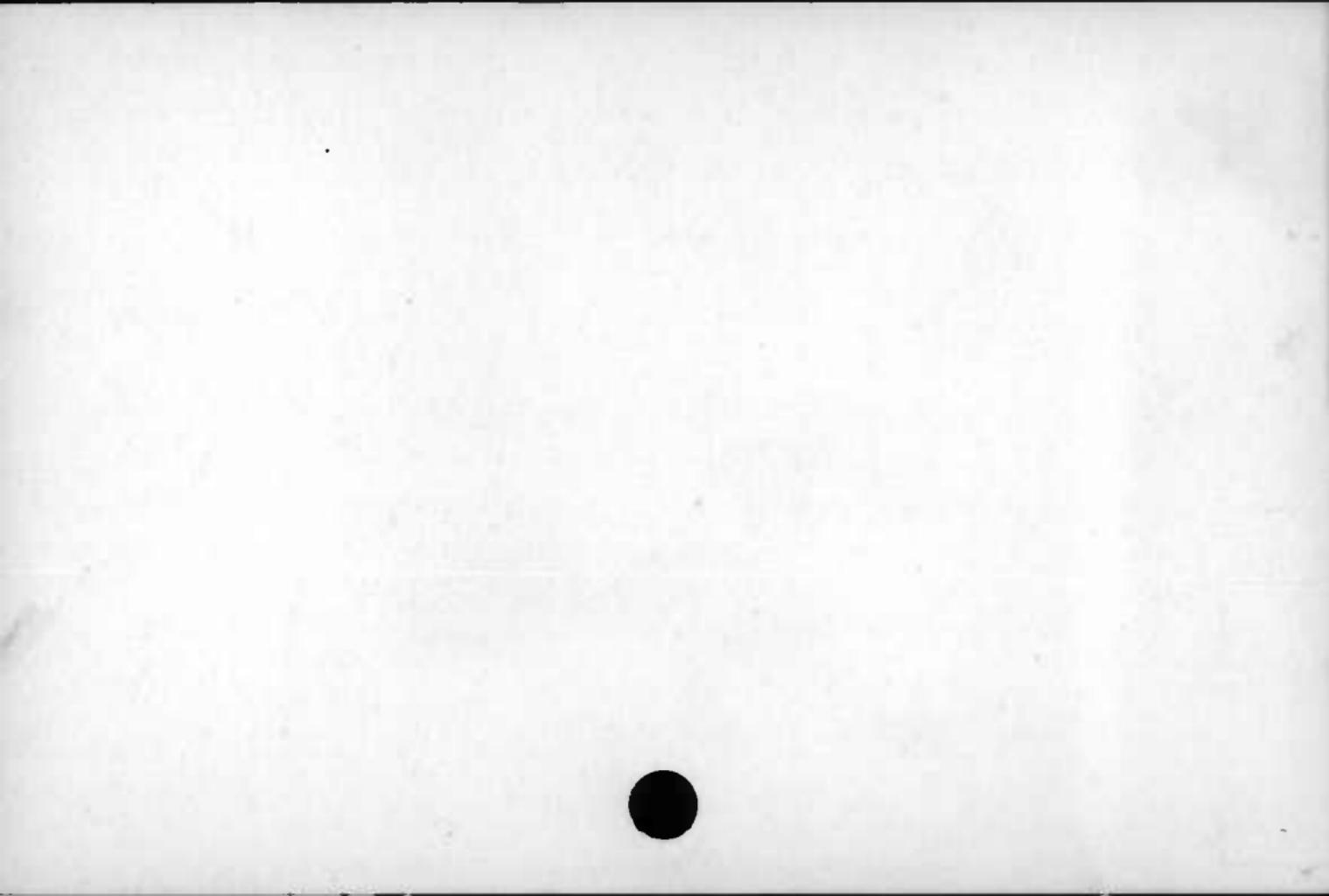
Signature of Physician

Address

Jennadis

Salisbury Md

Accident or Suicide?



Name
in
Full

Lorraine M Mason

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goodwill</u>		Town	County <u>Maryland</u>			
Date of death <u>1907</u>	Month <u>Aug.</u>	Day <u>19</u>	Age <u>67</u>	Years	Months <u>5</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Maryland Co</u>		
Occupation <u>Merchant & Lumber</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mitchell Mason</u>			Father's Birthplace <u>Maryland Co</u>		
Father's Name <u>John H. Hudson</u>			Mother's Birthplace <u>Maryland Co</u>			
Mother's Maiden Name <u>Jane</u>			Name of person giving information <u>John M. Richardson</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

40

How long

Primary

Morine Cancer

How long

2 years

Immediate

Cancer of liver

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

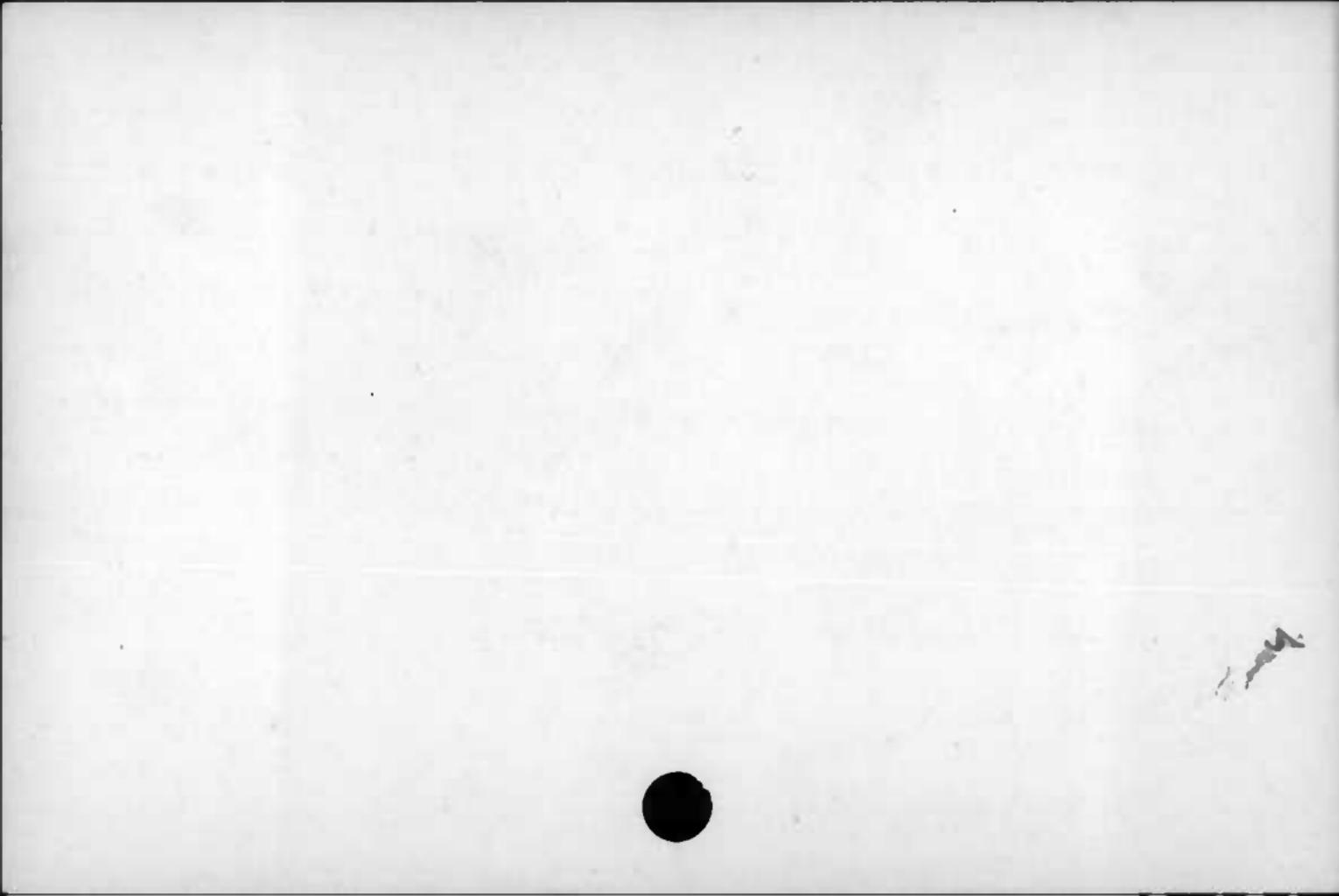
Signature of Physician

Address

B. Lee Hale
Pocomoke City, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Bellie M. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at <u>Bristowville</u>		Town	County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>August</u>	Day <u>18</u>	Years <u>22</u>	Age <u>22</u>	Months <u>11</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>at home</u>				
Occupation <u>House work</u>						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>None</u>					
Father's Name <u>John Burton Nelson</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Sarah E. Campbell</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving Information <u>Peynter by Putten</u>	How related to deceased <u>None</u>					
CAUSES OF DEATH						
Primary <u>Consumption</u>	27	How long <u>12 months</u>				
Immediate <u>No</u>		How long <u>12 months</u>				

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A Prayer for
Bristowville Ind

Accident or Suicide?

28



Name
in
Full

Mary M. Mumford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Mumford			
Father's Name	Raymond Mitchell	Father's Birthplace	Maryland		
Mother's Maiden Name	Mary M. Mitchell	Mother's Birthplace	Maryland		
Name of person giving information	James Mumford	How related to deceased	Grand Son		
CAUSES OF DEATH					
Primary	Bright's disease				
Immediate	120				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long		
			1 year		
			How long		
			1 month		

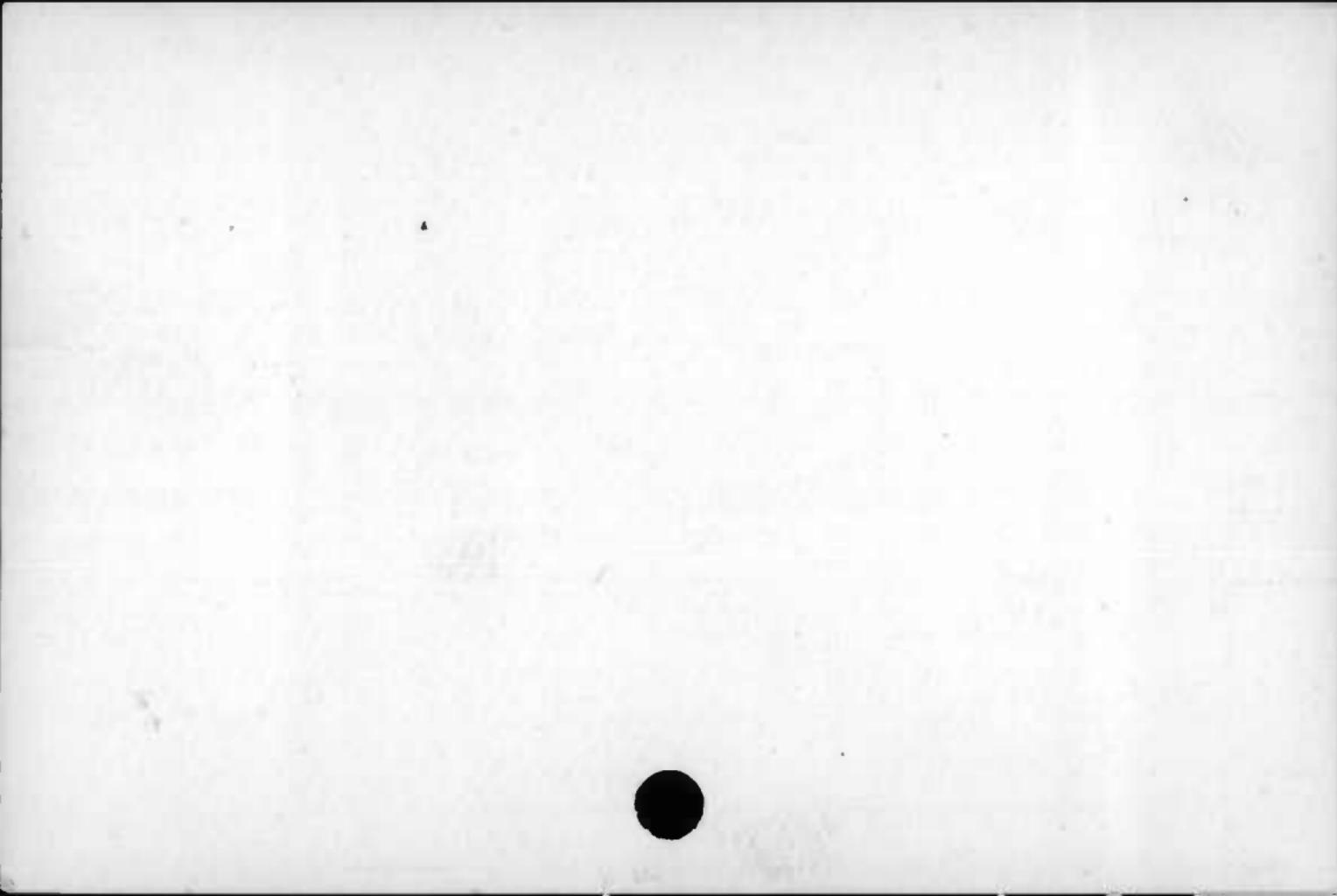
PHYSICIAN
OR CORONER

Accident or Suicide?

Signature of Physician

Address

Prov. Pitt,
Bellin, Md.



Name
in
Full

Grace Elizabeth Parker

CERTIFICATE OF DEATH

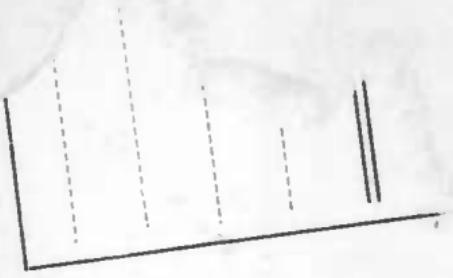
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Box Driv	Worchester		6	2	Days
Date of death	Month	Day	Years	Months	Days
1907	Aug	13	Age	6	2
Sex	Color or Race	Birth-place	Box Driv, Md		
Female	Negro				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wukunwu	Father's Birthplace	Wukunwu		
Mother's Maiden Name	Nora Parker	Mother's Birthplace	Box Driv, Md		
Name of person giving Information	Nancy Parker	How related to deceased	Grandmother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	151	How long	3 mos
Immediate	"		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John L. Gilley	
		Address	Snow Hill, Md.	
Accident or Suicide?				



Name
in
Full

Adlin Pitts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Berlin		Town	County monaster		MARYLAND	
Date of death 1907	Month Aug	Day 20	Years 80	Age	Months	Days
Sex Female	Color or Race Black	Birth-place Maryland				
Occupation None	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Spencer Pitts					
Father's Name unknown	Father's Birthplace Worcester, Md					
Mother's Maiden Name Mary Pennell	Mother's Birthplace Maryland					
Name of person giving Information Spencer Pitts	How related to deceased son					

CAUSES OF DEATH

(66)

Primary

old age

How long

Immediate

Paralysis

How long

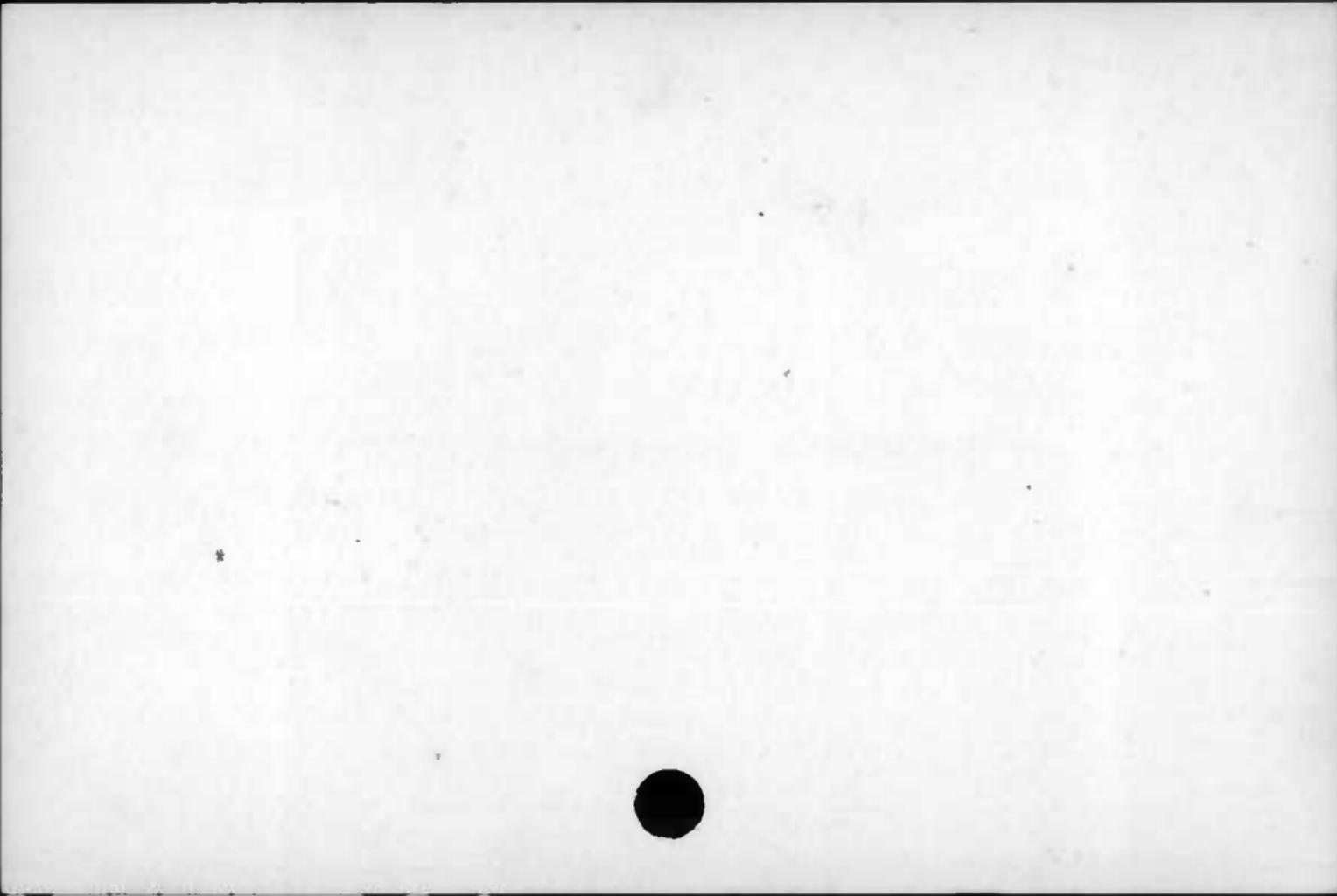
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ebe Hollard
Berkeley
Md

Accident or Suicide?



Name
In
Full

Belmer Richardson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Berlin		Maryland	—	—	—
Date of death	Month	Day	Years	Months	Days
1907	Aug	4	—	4	—
Sex	Color or Race	Age	Occupation	Where Residing if not at place of death	Birth- place
Female	white	—			Maryland
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
	Alf. Richardson		Maryland		
Mother's Maiden Name	Rati Gurney	Mother's Birthplace	Maryland		
Name of person giving Information	All Richardson	How related to deceased	Father		

CAUSES OF DEATH

105°

How long

10 days

How long

PHYSICIAN
OR CORONER

Primary

Choleradysent.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

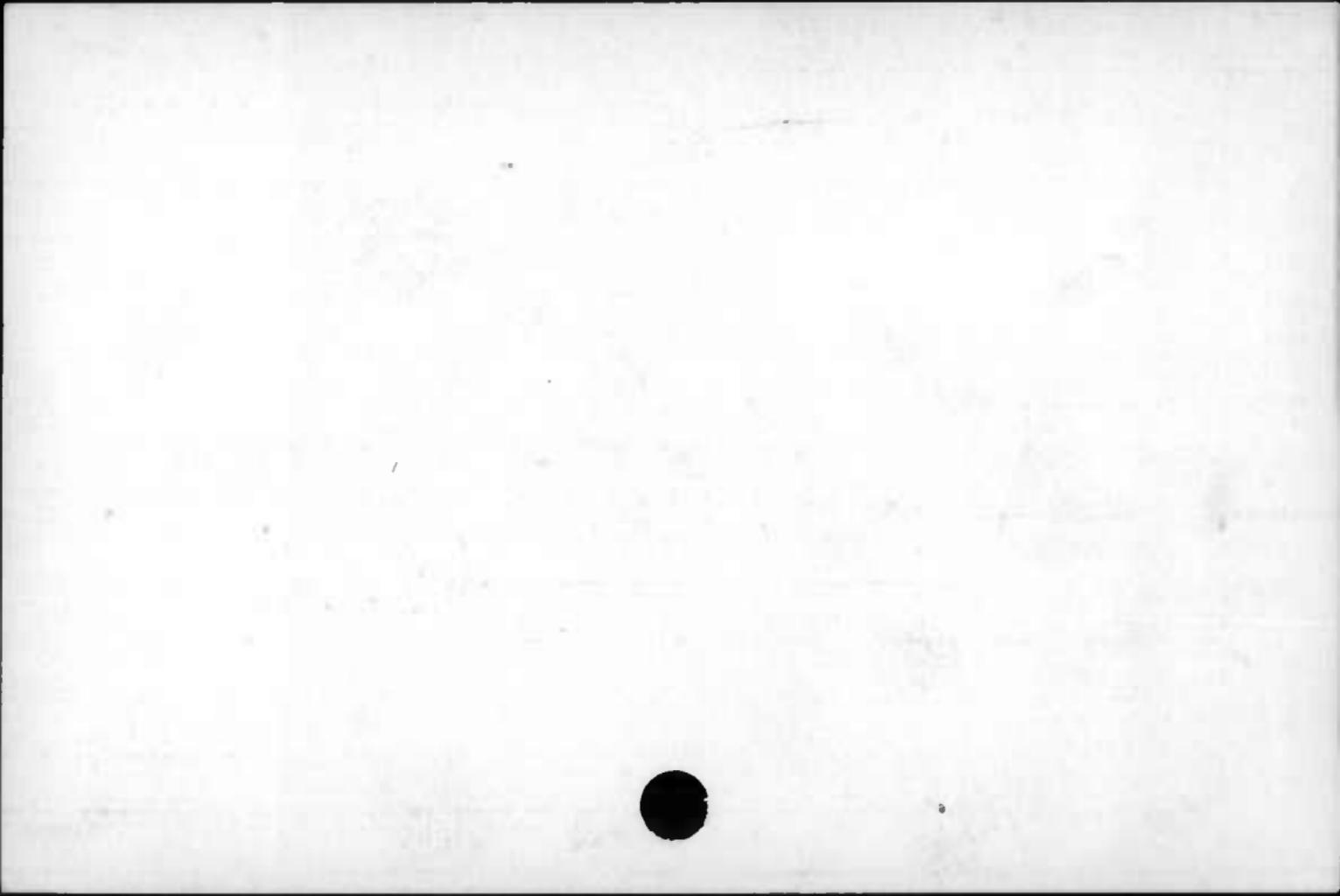
Yes

Signature of
Physician

Address

Sab Gurney
Berlin
Md

Accident or Suicide?



Name
in
Full

Ella A. Richis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age	3	22	
Occupation	Where Residing if not at place of death				
Married, Single or Widower	Name of Wife or Husband	John Richis			
Father's Name	Robert Galsone				
Mother's Maiden Name	Sarah A Sturges				
Name of person giving Information	Alay Sturges				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary

Dementia

How long

20 yrs

Immediate

Gradual decline

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

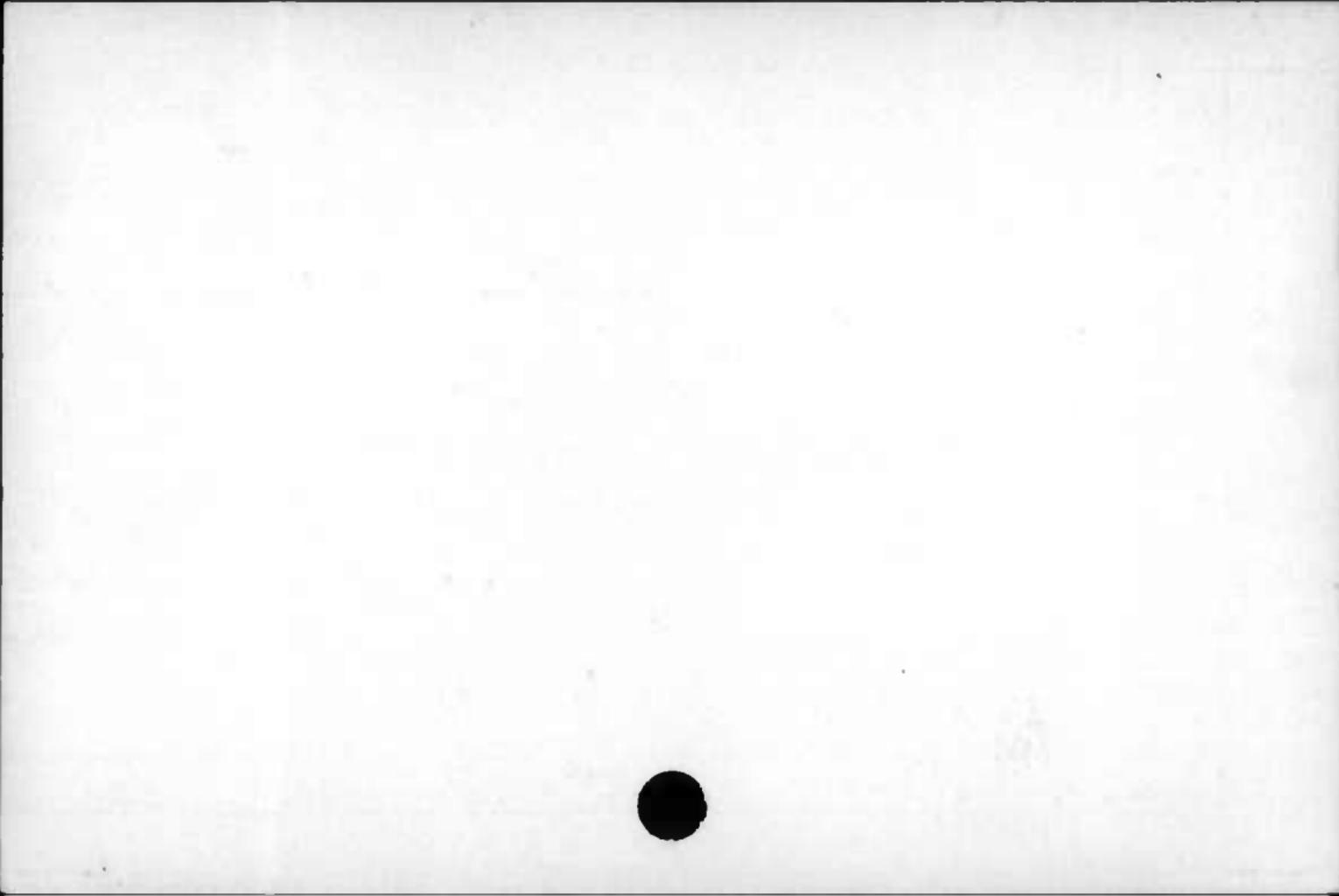
O.T.

Accident or Suicide?

No

Address

Pine Jones



Name
in
Full

Loye Robbins Infant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Berlin

Town

County

Baltimore

MARYLAND

Date of death 1907 Aug 20 Years — Months 8 Days —

Sex Female

Color or Race

Black

Birth-place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

William

Father's Name

Elayson Payell

Father's Birthplace

Maryland

Mother's Maiden Name

Loye Robbins

Mother's Birthplace

Maryland

Name of person giving information

William Payell

How related to deceased

none

CAUSES OF DEATH

173

How long

8 mos

Primary

Bottle feeding

How long

Immediate

Starvation (unattended)

Eloise &
Bede

Are the name, age, sex, color, date and place correctly given above?

JW

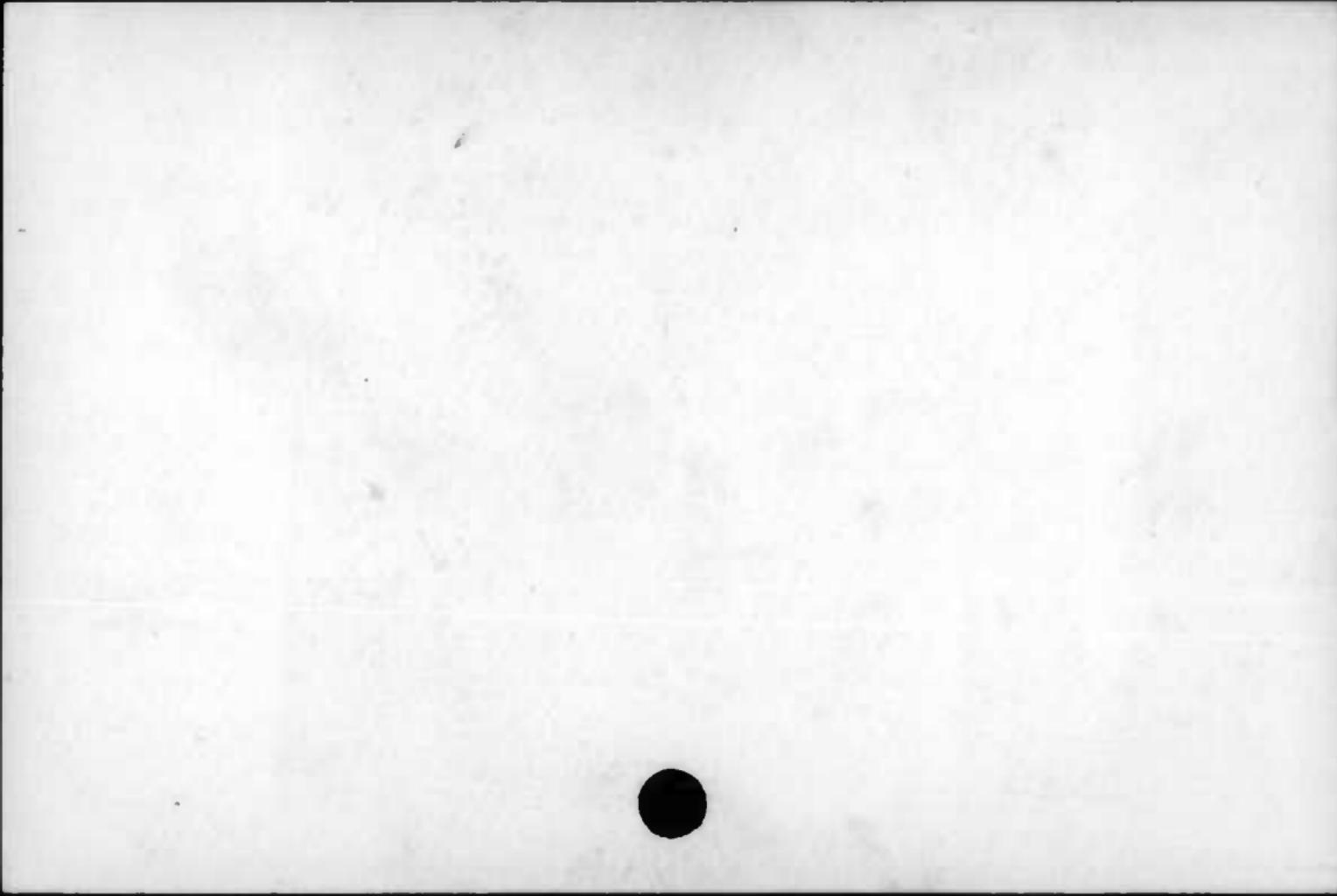
Signature of Physician

Address

nd

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Littleton B Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bishop</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>August</u>	Day <u>2</u>	Years <u>70</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>70</u>		Birth-place <u>Maryland</u>	<u>at Bishop</u>
Occupation <u>Hammer</u>	Where Residing if not at place of death			<u>at Bishop</u>	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary A Smallwood</u>	Father's Name <u>Samuel Smallwood</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Gatty Coffin</u>	Mother's Birthplace <u>Md.</u>	How related to deceased <u>his widow</u>			
Name of person giving information <u>Mary A Smallwood</u>					

CAUSES OF DEATH

120

How long

4 days

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

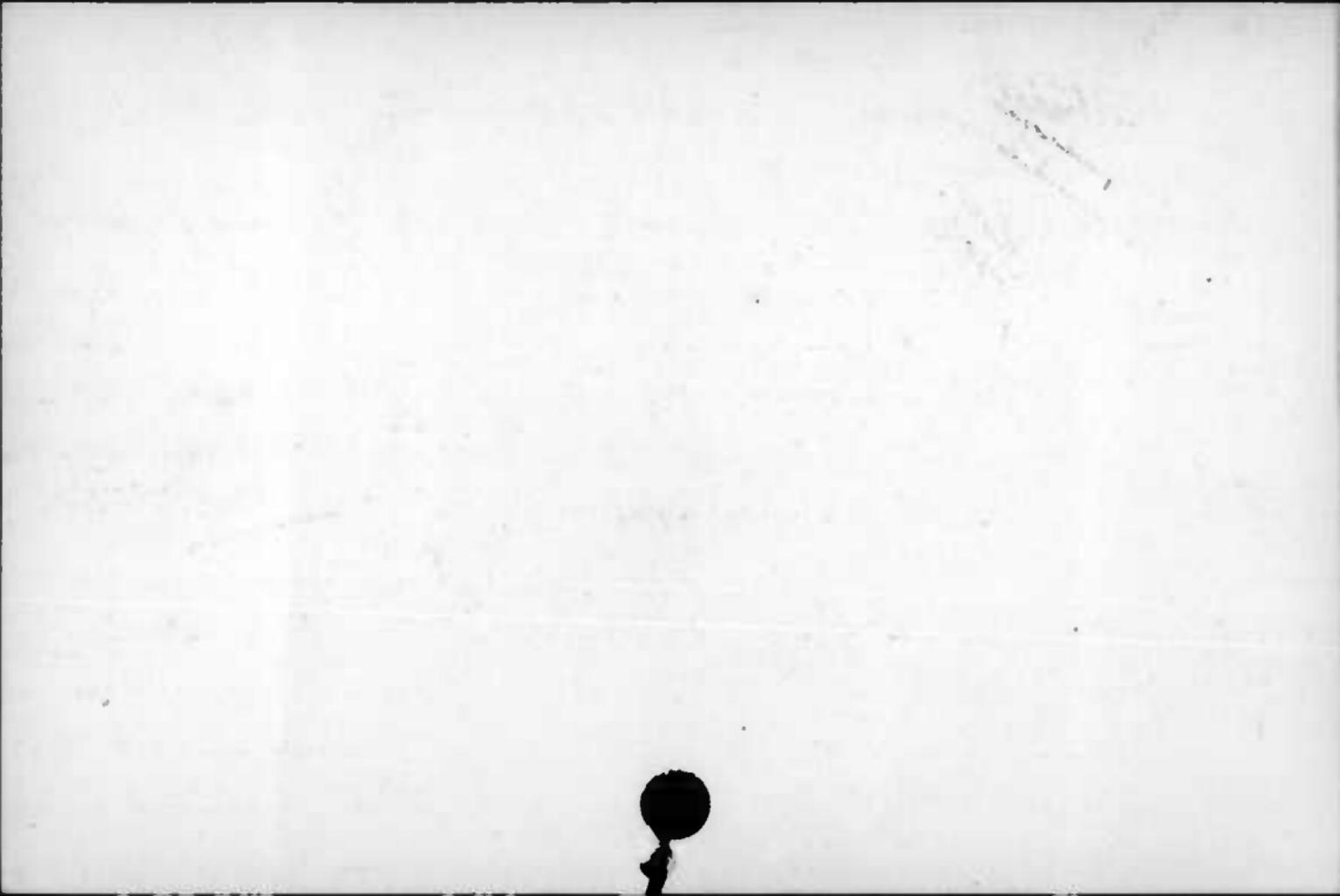
Drs

Accident or Suicide?

Signature of Physician

Address

R. P. Collins
Baptistville
Md



Name
in
Full

Ramon Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Berlin</u>		Town	County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>3</u>	Years <u>4</u>	Age <u>4</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation		Birth-place <u>Maryland</u>		
			Where Residing if not at place of death			
<u>Single</u> or <u>Widowed</u>	Name of Wife or Husband		Father's Birthplace <u>Maryland</u>			
Father's Name <u>John Smith</u>	Mother's Maiden Name <u>Lizzie Terpiss</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>John Smith</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

(61)

How long

Life

How long

3 days

Primary

Serifold

Immediate

Melodotes

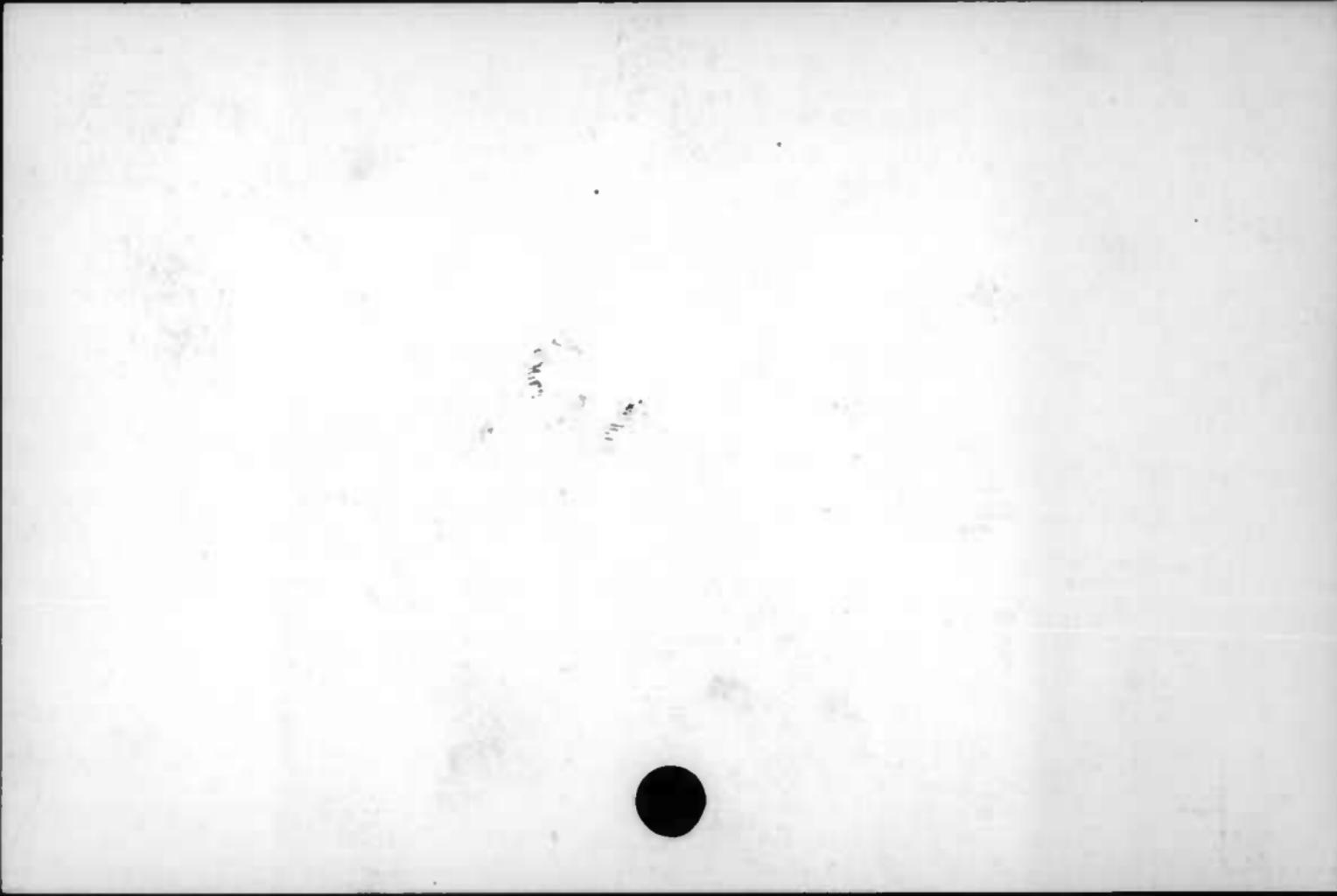
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ebe Holland,
Berlin Md.

Accident or Suicide?



Name
in
Full

Charles Sturgis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Snow Hill	Town	County	MARYLAND
Date of death	1907	Month Aug	Day 15	Years 27
Sex	Male	Color or Race	Negro	Birth-place Snow Hill, Md.
Occupation	Laborer	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Edward Sturgis	Father's Birthplace Unknown		
Mother's Maiden Name	Sallie Purwell	Mother's Birthplace Snow Hill, Md.		
Name of person giving information	Nancy Covington	How related to deceased Aunt.		

CAUSES OF DEATH

27

How long

2 years

How long

Primary

Tuberculosis of lungs

Immediate

11

11

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John L. Riley,
Snow Hill,

Ind.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Maurice W Sturgis

Died at		Town	County	MARYLAND		
Date of death	1907	Month 8	Day 24	Years 1	Months 3	Days 24
Sex	Male	Color or Race	white	Birth-place	Va	and
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed		Name of wife or husband		Father's Birthplace	Wes	
Father's Name	Barney Sturgis			Mother's Birthplace		
Mother's Maiden Name	Marie Miser			How related to deceased	Uncle	
Name of person giving information	Charlie C. Pilchard					

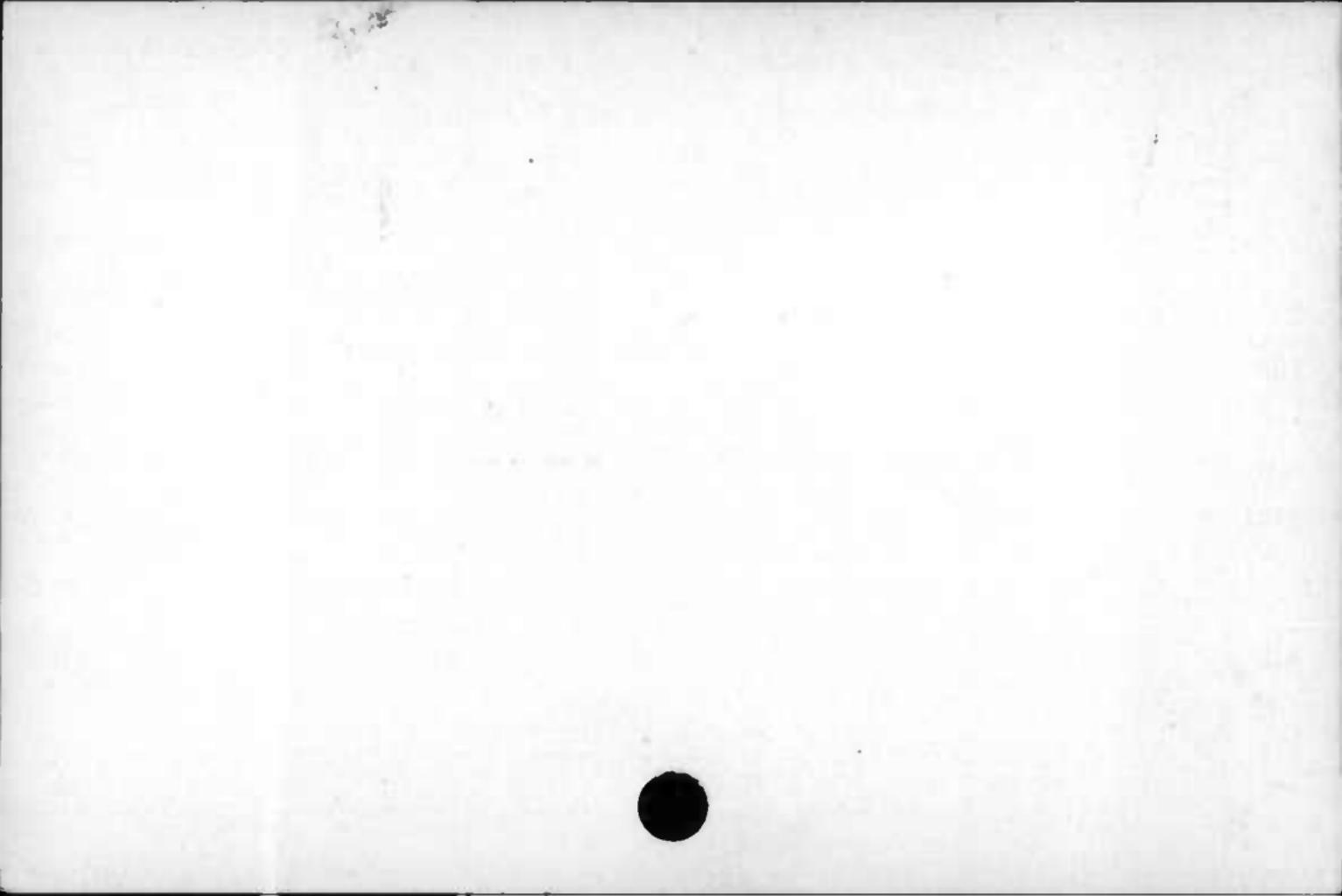
CAUSES OF DEATH

105

How long

How long

Primary	Cholera dysentery	
Immediate	Cholera dysentery	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	R. O'Farne. J.P.
	Address	
Accident or Suicide?		



Name
in
Full

Sali Edna Turington

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

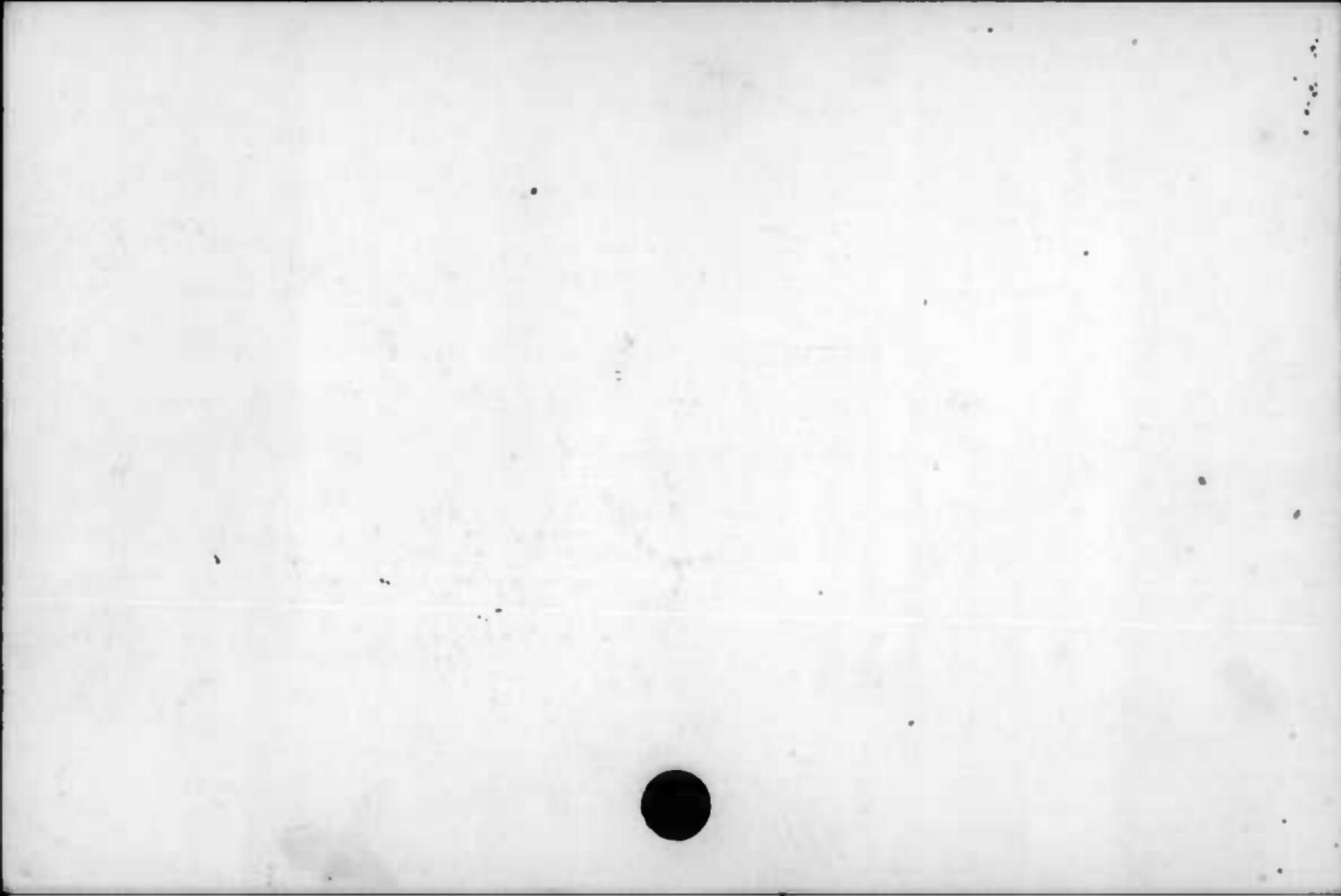
PHYSICIAN
OR CORoner

Died at	Pocomoke	Town	Worcester	County	MARYLAND
Date of death 1907	August	Month Day	94.	Years	Months Days
Sex	Female	Color or Race	colored.	Birth-place	Virginia
Occupation	Housewife.	Where Residing if not at place of death.			Pocomoke.
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Virginia
Father's Name	Albert Ashby.	Mother's Maiden Name	Virginia Smith.	Mother's Birthplace	Virginia
Name of person giving information	Minnie Ashby.	How related to deceased	Daughter.	How long	one month

CAUSES OF DEATH

(4)

Primary	Malacia et Hemoptysis.		
Immediate	Hemoptysis by heart.		
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	F. W. C. Lewis
		Address	Pocomoke City Maryland.
Accident or Suicide?			



Name
in
Full

Elizabeth Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Promethey	Maryland			
Date of death	Month	Day	Years	Months	Days
of death 1905	Aug	17	75		
Sex	Female	Color or Race	White	Birth-place	Maryland Co
Occupation	Domestic		Where Residing if not at place of death	Near Promethey	
Married, Single or Widowed	Widow	Name of Wife or Husband	Luther Ward	Father's Birthplace	Maryland Co
Father's Name	Dont Know			Mother's Birthplace	
Mother's Maiden Name				How related to deceased	You in Law
Name of person giving information	Leonard Cutler				

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

Primary

Dysentery

How long

2 months

Immediate

Expansion

How long

Are the name, age, sex, color, date and place correctly given above?

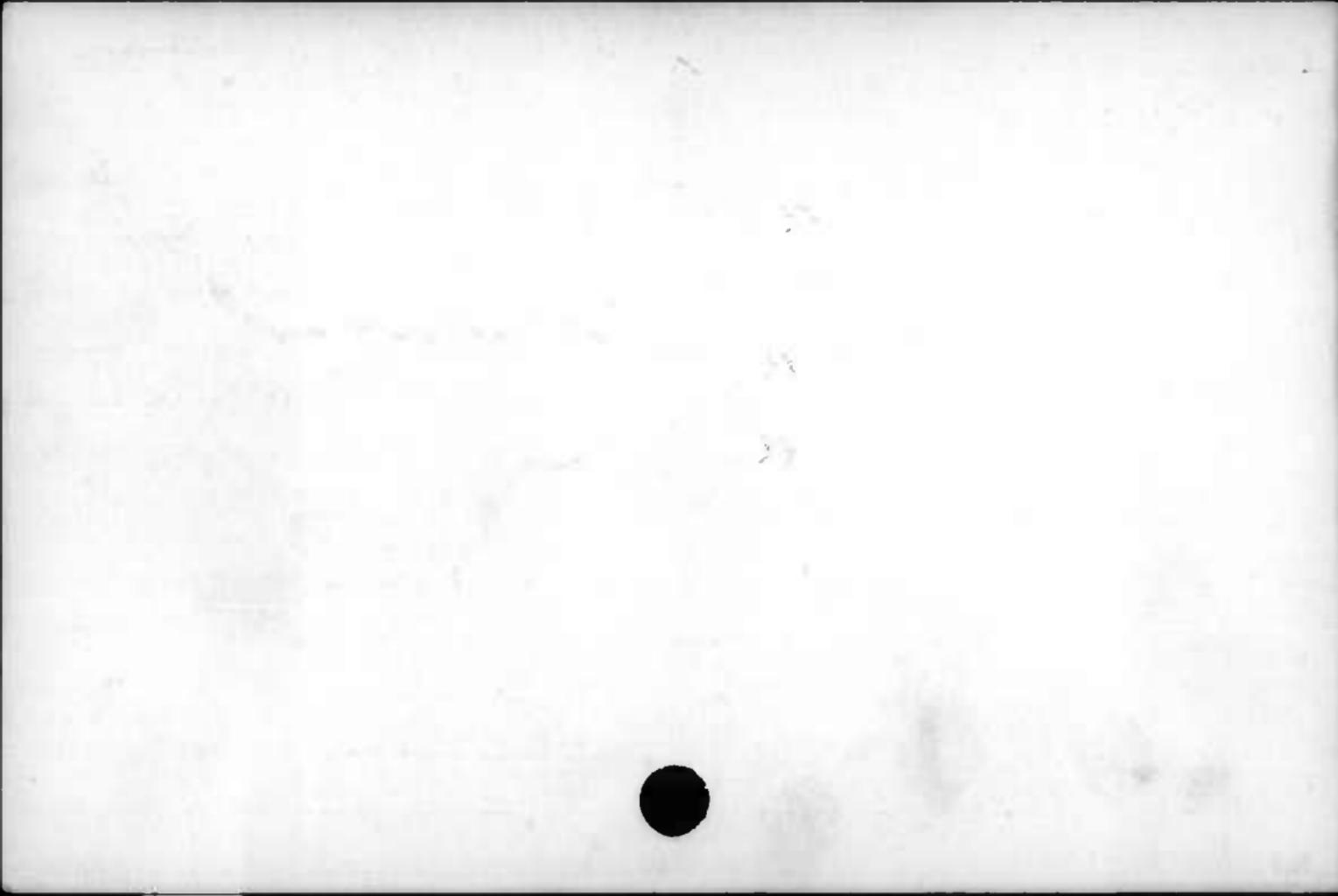
Yes

Signature of Physician

Address

Samuel Lysner
Promethey City

Accident or Suicide?



Name
in
Full

John W. Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Ocean City	Worcester		Months	Days
Date of death 190	Month August	Day 21	Years 57.	
Sex Male	Color or Race White	Birth-place Maryland		
Occupation Banker & Broker	Where Residing if not at place of death 2027 St Paul St Baltimore Md.			
Married, Single or Widowed	Name of Wife or Husband Martha Johnson	Father's Birthplace Rochester N.Y.		
Father's Name John A. W. Woodland	Mother's Birthplace Rochester N.Y.	Rochester N.Y.		
Mother's Maiden Name Abbott	Name of person giving information	How related to deceased		

CAUSES OF DEATH

79

How long

3 yrs -

Primary

Chr Myocarditis.

How long

2 days.

Immediate

Acute Congestion of kidneys.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

* Address

J. W. Keown M.D.
1938 Linden Av., Balt. Md.

Accident or Suicide?

